

SUPERCAMP MEDICAL FORM

Name:.....

Address:.....

Age: DOB: Male / Female

Which camp(s) attending?.....

Home Ph: Work Ph:

Email Address:.....

Mothers Name: Fathers Name:

Guardian.....

Free-Agency Basketball Supercamp

Toowoomba Basketball Supercamp

Toowoomba Soccer Supercamp

Medical Details

Medicare No:

Do you have current ambulance cover? Yes / No (circle)

Do you have current private health insurance? Yes / No (circle)

Are you on a special diet? Yes / No If yes, please give details

.....

Do you have any medical condition(s) or disabilities we need to know about?

Yes / No If yes, please give details

.....

Emergency Contacts

Name:.....

Mobile Phone No: Work Phone No:

Name of your Doctor: Your Doctor Phone:

Medical Form

Release & Waiver Liability

Should a camper leave the camp because of injury or illness no refund will be given. Supercamp reserves the right to cancel the camp at anytime. Should a camp be cancelled all monies will be refunded to campers. While participating in physical activities each participant are assumed to be voluntarily performing these activities for which he/she assumes all risk, consequences and potential liability. Supercamp reserves the right to search rooms and bags and confiscate any items which do not conform to camp rules. The Supercamp and its staff shall not be held responsible by reason of accident, illness, injury, death and other consequences arising or resulting directly from participating in Supercamp. Lost keys will incur a \$25.00 penalty. Sometimes due to unforeseen circumstances coach(s) promoted to attend the Supercamp may be unable to do so; however Supercamp will always provide a high quality coaching staff.

Cancellations

All cancellations must be made in writing and post marked 30 days prior to the 1st day of the camp. Should you cancel within 30 days of the camp you will incur a 50% cancellation levy alternately your position can be held over for the next Supercamp of your choice regardless of location.

I have read and understood the above waiver of liability.

Your Signature _____

Date / /

Parent or Guardian Signature _____

Date / /