

MAUI SPORTS ACADEMY
OFFICIAL HEALTH CERTIFICATE

Fill out and return ASAP to:

Maui Sports Academy – 1419 Kilohi Street, Wailuku, HI 96793

ATTN: Alan Walls

This form has been approved by the **American Medical Association** and the **National Federation of State High School Athletic Associations**. Please have your family physician fill it out. When completed, mail to the address above.

Camper's Name _____ DoB _____

Address _____ City _____ State _____ Zip _____

Name and Date of Camp Attending: _____

Significant Past Illness or Injury: _____

Eyes _____ R20/ _____ L20/ _____ Ears _____ Hearing R _____ L _____

Respiratory _____

Cardiovascular _____

Liver _____ Spleen _____ Hernia _____

Muscular Skeletal _____ Skin _____

Neurological _____ Genitalia _____

**COMMENTS OR SUGGESTIONS CONCERNING THE CHILD'S HEALTH OR TREATMENT: SERIOUS
CONDITIONS TO BE WATCHED FOR SUCH AS ALLERGY (TO DRUGS OR INSECT BITES, ETC.)?**

I certify on this date I have examined this child and find him physically able to compete in the supervised activities of the Maui Sports Academy basketball camp.

Physician's Name _____ Name of Practice _____

Physician's Signature _____ Examination Date _____

Address _____ City _____ State _____ Phone _____

This section is to be filled in by parent and checked with physician at time of examination

Child's Name _____

Address _____ City _____ State _____ Phone _____

HEALTH HISTORY (CHECK GIVING APPROXIMATE DATES)

Allergies: Diseases:

Ear Infections _____ Hay Fever _____ Chicken Pox _____

Rheumatic Fever _____ Ivy Poisoning _____ Measles _____

Convulsions _____ Insect Stings _____ German Measles _____

Diabetes _____ Penicillin _____ Mumps _____

Epilepsy _____ Drugs _____ Asthma _____

Appendicitis _____ Tuberculosis _____ Other _____

Heart or Kidney Trouble: _____ Other _____

Operations or Serious injuries _____

Chronic or Recurring Illness _____

IMMUNIZATION HISTORY

Dates of Basic Immunizations or Most Recent Booster Dates:

DPT Series _____ Booster _____

Tetanus Booster _____

Polio DPV _____ Booster _____

Typhoid _____ Measles Vaccine _____

Mumps Vaccine _____

German Measles (Rubella) _____

Small Pox _____ Other _____

Medicine Needed or Used _____

Purpose _____ Kind _____ Dosage _____

Is it presently being given? _____

PARENTAL/GAURDIAN RELEASE

We (or I) as parent(s) or guardian(s), herby request that you accept this application for enrollment of _____ (name of camper) in the 2010 Hawaii High School Basketball Exposure Camp during the dates of June 7-11 (Boys) or 21-25 (Girls), 2010 and in consideration of you're acceptance of this application, we (or I) herby release the Maui Sports Academy, its owner Alan K. Walls and all the camp staff members, the Lahaina Civic Center and the County of Maui from all claims on account of injury sustained by the above named camp participant while attending the 2010 Hawaii High School Basketball Exposure Camp. We (or I) understand the inherent risks involved with playing the sport of basketball and participating in such a camp and agree to indemnify the Maui Sports Academy, its ownership, all of its employees and the camp staff for any claim which may hereafter be presented by this camp participant as a result of such injury.

Signed: _____ **Date:** _____

INSURANCE INFORMATION

Company with which camp participant is insured: _____

Policy Number: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Maui Sports Academy to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent or Guardian _____ Date _____

Home Phone _____ Business Phone _____

If not available in an Emergency notify:

Name _____ Relationship _____

Address _____

Home Phone _____ Business Phone _____

BEACH/POOL USE CLEARANCE

During the course of the weeklong camp, the Maui Sports Academy staff will be taking the campers to the beach/pool for some recreation and relaxation. By signing below, I the parent or guardian of the above-named child, give permission to my child to swim at the beach/pool and I am fully aware of the injuries that may be incurred by my child from swimming, bodysurfing and participating in other beach related activities, including serious paralysis and even death.

Signature of Parent or Guardian _____ **Date** _____