

Sly Park Basketball School

DOCTOR'S HEALTH CERTIFICATION - FOR OVERNIGHT CAMPS ONLY

Please have your physician sign this certificate and return it to Sly Park Basketball School before or on your arrival at the school.

I have examined _____ and find him/her to be free of any contagious diseases and physically fit to participate in basketball and other sports.

Weight _____ Height _____ Date of last tetanus shot _____

Food or drug allergies _____

Please list recent injuries, if any. _____

Please list any suggestions as to his/her general health and/or treatment you feel that we should know about.

Physician's signature _____ Date _____

Address _____ Telephone Number _____

PLAYERS WILL NOT BE ABLE TO PARTICIPATE WITHOUT THIS FORM ON FILE.
(Please save a copy of this form. Our insurance now requires we keep them on file for one year).