
FILIPINO AMERICAN BASKETBALL

Medical Examination Form

Please print this form out and have your family physician use this to state the results of your physical examination. Mail this form to the address below at least two weeks prior to the start of your session. No one may participate in any camp activity without a medical form signed by his/her physician. A copy of a physical done in the last year is not satisfactory.

JSAG-NJ Basketball Camp
c/o Alex Cayetano or Aurora Po
1148 Citta Drive,
Toms River, NJ 08753

Camper's Name:

- Session 1** Basic B-Ball Training April 1, 8, 15, 22 9:00 am-12:00 Noon
- Session 2** Advanced B-Ball Training April 1, 8, 15, 22 1:00pm -4:00pm
- Session 3** Expert B-Ball Training April 1, 8, 15, 22 6:00pm – 8pm

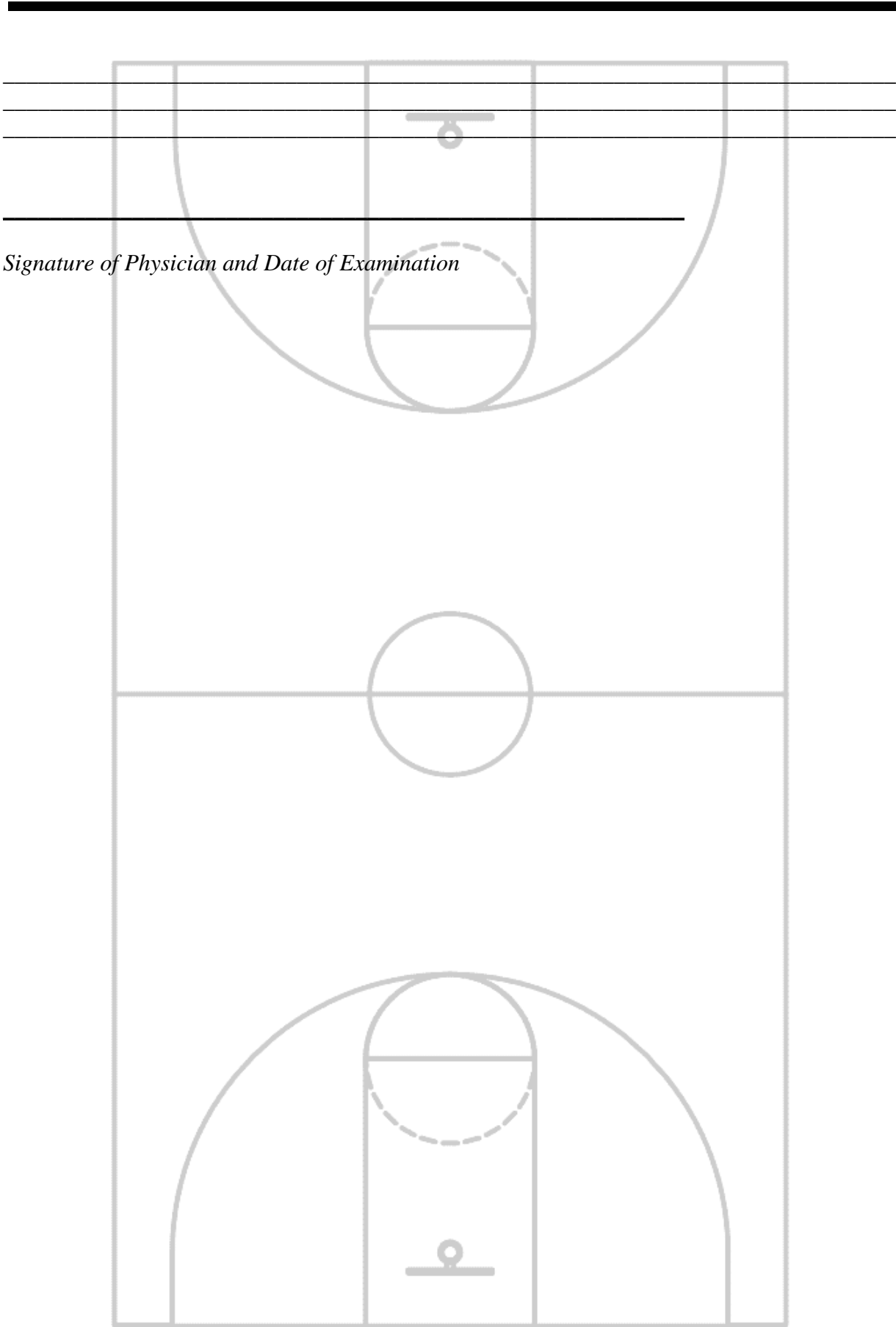
I have examined _____ and found him/her to be physically able to participate in the activities of a basketball camp.

Any physical limitations or impairments:

Any Allergies or Current Medications:

Comments:





Signature of Physician and Date of Examination

Parents or Legal Guardian Consent:

"I, the parent or guardian of _____ (full name) give permission to the physician selected by the coach, to hospitalized, secure proper treatment for, and to order injection, x-ray, anesthesia and/or surgery for the above mentioned child."

Parents or Legal Guardian:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Emergency Contact: _____ Phone No.: _____

Athlete's Physician: _____ Phone No.: _____

Insurance Carrier: _____ Policy No.: _____

Signature of Legal Guardian