

# CAROLINA BASEBALL CAMP

## REQUIRED MEDICAL FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ SPORT \_\_\_\_\_ PERSONAL PHYSICIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

Street City State Zip

**IN CASE OF EMERGENCY CONTACT: NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_  
**PHONE: (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**Explain "YES" Answers below**

**Circle questions you do not know answers to.**

1. Have you had an illness or injury in the past year? YES \_\_\_ NO \_\_\_
2. Have you ever been hospitalized overnight? YES \_\_\_ NO \_\_\_
3. Have you ever had surgery? YES \_\_\_ NO \_\_\_
4. Are you currently taking any prescription or non-prescription (non-counter) medicines or using an inhaler? YES \_\_\_ NO \_\_\_
5. Do you have any food allergies to food? YES \_\_\_ NO \_\_\_
6. Do you have any allergies to medicines? YES \_\_\_ NO \_\_\_
7. Do you have any allergies to stinging insects? YES \_\_\_ NO \_\_\_
8. Have you ever passed out during exercise? YES \_\_\_ NO \_\_\_
  - a. Have you ever been dizzy during or after exercise? YES \_\_\_ NO \_\_\_
  - b. Have you ever had chest pain during exercise? YES \_\_\_ NO \_\_\_
  - c. Do you tire more quickly than others during exercise? YES \_\_\_ NO \_\_\_
  - d. Have you ever had a racing heart or felt your heart skip a beat? YES \_\_\_ NO \_\_\_
  - e. Do you have high blood pressure or cholesterol? YES \_\_\_ NO \_\_\_
  - f. Have you ever been told you have a heart murmur? YES \_\_\_ NO \_\_\_
  - g. Has any family member died of heart problems or sudden death prior to age 50? YES \_\_\_ NO \_\_\_
  - h. Have you had a severe viral infection within the past month? YES \_\_\_ NO \_\_\_
  - i. Has a doctor ever denied or restricted your participation in sports for any heart problems? YES \_\_\_ NO \_\_\_
9. Do you have any current skin problems? YES \_\_\_ NO \_\_\_
10. Have you ever had a head injury or concussion? YES \_\_\_ NO \_\_\_
  - a. Have you ever been knocked out, becomes unconscious or lost your memory? YES \_\_\_ NO \_\_\_
  - b. Have you ever had a seizure? YES \_\_\_ NO \_\_\_
  - c. Do you have frequent or severe headaches? YES \_\_\_ NO \_\_\_
  - d. Have you ever had numbness or tingling in your arms, hands, legs or feet? YES \_\_\_ NO \_\_\_
  - e. Have you ever had a stinger, burner, or pinched nerve? YES \_\_\_ NO \_\_\_
11. Have you ever become ill from exercising in the heat? YES \_\_\_ NO \_\_\_
12. Do you cough, wheeze or have trouble breathing during or after an activity? YES \_\_\_ NO \_\_\_
  - a. Do you have asthma? YES \_\_\_ NO \_\_\_
  - b. Do you have seasonal allergies that require medical attention? YES \_\_\_ NO \_\_\_
13. Do you use any special protective or corrective equipment devices that aren't normally used for your sport of position (for example knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid? YES \_\_\_ NO \_\_\_
14. Have you had any problems with your eyes or vision? YES \_\_\_ NO \_\_\_
  - a. Do you wear glasses, contacts or protective eyewear? YES \_\_\_ NO \_\_\_
15. Have you ever had a sprain, strain, or swelling after injury? YES \_\_\_ NO \_\_\_
  - a. Have you had any other problems with pain or swelling in your muscles, tendons, bones or joints? YES \_\_\_ NO \_\_\_

If yes, check appropriate box and explain below:

Head \_\_\_ Elbow \_\_\_ Hip \_\_\_ Neck \_\_\_ Forearm \_\_\_ Thigh \_\_\_  
 Back \_\_\_ Wrist \_\_\_ Knee \_\_\_ Chest \_\_\_ Hand \_\_\_ Shin/calf \_\_\_

**Company Health Insurance Information:**

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 In name of \_\_\_\_\_  
 Send claim to \_\_\_\_\_ Phone# \_\_\_\_\_

**Explain 'YES' answers here:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I attest that my son has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restriction. This physical is on file at his high school or at our home.**

**I hereby state that, to the best of my knowledge, my answers to these questions are complete and correct.**

**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF ATHLETE (CAMPER)**

\_\_\_\_\_ Date \_\_\_\_\_

**List any medications, including strength, and reason for taking:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Record the dates of your most recent immunization for:**

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_

**RELEASE**  
**For Participation in Activity in University Department of Athletics Facilities**

For the purposes of this document, herein after referred to as “**Release,**” the party intending to participate in the activity in the University Department of Athletics facilities shall hereafter be referred to as “**Participant.**” The University of North Carolina at Chapel Hill, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as “**University.**” The activity in the University Department of Athletics facilities that the Participant will participate in shall hereafter be referred to as the “**Activity.**”

**Description of Activity:** 2016 UNC BASEBALL CAMP

1. **Release, Waiver of Liability, and Assumption of Risk:** In consideration of the opportunity afforded Participant to participate in the Activity in the University Department of Athletics facilities, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. **Medical Treatment and Preexisting Medical Conditions:** Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies.

3. **NCAA Compliance:** By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant’s signature below also indicates Participant’s agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.

4. **Other:** This Release shall be binding and legally enforceable against Participant and Participant’s heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

**I HAVE CAREFULLY READ THIS RELEASE.**

Name of Participant	Signature of Participant	Date
Name of Parent or Guardian (If Participant is under 18)	Signature of Parent or Guardian (If Participant is under 18)	Date