

**Glen Big Baby Davis Player Development Camp  
Player Profile**

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How many years of basketball experience: \_\_\_\_\_

G.P.A. \_\_\_\_\_ Basketball Position: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Location (city & State): \_\_\_\_\_

Do you play any other team sports? (circle one)    Yes    No

If yes, list the sports: \_\_\_\_\_

What skill do you wish to improve the most?

\_\_\_\_\_

\_\_\_\_\_

Do you do your homework everyday??    Yes    No

Shirt Size (circle one):    S    M    L    XL    XXL

**Glen Big Baby Davis Player Development Camp  
Camper Release Form**

All campers will be released to their parents at the end of the camp day. If the camper is to be released to a third party, we must require the parents to fill out the form below. If parent/guardian will pick up child each day, please fill out the form to that end with appropriate information. Thank You!

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Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate To Pick Up Your Child: \_\_\_\_\_

Address: \_\_\_\_\_

Days Alternate Will Pick Up Child (If Known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby give my permission for my child to be picked up at the end of the day by the above named party.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Beyond The Seamz  
Emergency Care Form**

I, \_\_\_\_\_ am the Parent/Legal Guardian of the camper listed below, and I hereby authorize the Director and/or Assistant Director of “Big Baby’s Basketball Camp” to act for me according to his/her best judgment in any emergency requiring medical attention.

By signing below, I hereby release and discharge the facility, the camp staff, Glen “Big Baby” Davis, Beyond The Seamz, Inc. and affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my child’s participation in camp.

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Camper’s Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Beyond The Seamz  
Physical Clearance Form**

Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To the Physician: The above named camper is enrolled in a summer basketball camp for youth. This camp involves periods of strenuous physical activity. Please complete the following clearance form to assure a safe and enjoyable camp experience for the above listed camper. Thanks in advance!!

Significant past medical/surgical history: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

The camper listed above HAS HAD a physical examination within the last 12 months, and is hereby cleared. Date of last physical exam: \_\_\_\_\_

For ALL physical activities without limitations OR All physical activities with the following limitations:

Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**Beyond The Seamz**  
**Authorization to Administer Medication To a Camper**

Camper: \_\_\_\_\_

Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Diagnosis (at parents discretion): \_\_\_\_\_

Parten/Guardian Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose Given at Camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Special Storage Instructions: \_\_\_\_\_

Specific Directions: \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_