

UK MEDICAL FORM

Participant's Name _____ Birth Date _____

University of Kentucky activities are covered by a plan administered by the Allen Flood Company. This insurance plan is secondary to the participant's own primary plan. For detailed information regarding the policy coverage benefits and limits please visit the U.K. Risk Management website at <http://www.uky.edu/EVPFA/Controller/riskhome/excess.html>

You MUST submit a copy of the front and back of all health insurance cards covering participant "With Registration".

Check box and sign below if participant has NO health insurance coverage.

Date _____ Signature (Parent/Guardian if claimant is a minor, under 18) _____

CONSENT TO MEDICAL TREATMENT INSURANCE STATEMENT

It is understood that authority is given to the U.K. activity director or their designee, to have my son/daughter treated for injuries or illness they incur during a U.K. camp, conference, or field trip activity.

In the event I cannot be contacted, I hereby give my permission for the U.K. activity director or their designee to seek advanced medical treatment for my son/daughter as deemed necessary by competent medical personnel.

I understand that the U.K. insurance coverage is on an "excess" basis only and I will be responsible for any expenses outside of the limits of U.K.'s insurance.

Authorization to Release Information

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding my medical treatment or benefits payable, including disability to any Allen Flood company, the Plan administrator or authorized personnel for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a Photostat copy of the original shall be valid for the duration of the claim.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits for services rendered and billed as a result of this claim to be made payable to the physicians and providers indicated on the invoices.

Date _____ Signature (Parent or Guardian if claimant is a minor, under 18) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone number: _____ Additional number: _____
during activity dates

MEDICAL SCREEN FORM

Medical Screen Form (to be completed by a Physician) **OR** provide a copy of a physical exam form signed by a physician indicating clearance to participate. This form must be dated within 12 months of the date of the camp.

Head	Yes	No		Asthma	Yes	No	(circle one)
ENT	Yes	No		Currently taking ANY			
Neck, Back	Yes	No		prescription medication	Yes	No	(circle one)
Heart	Yes	No		please list:			
Abdomen	Yes	No		Date of Last Tetanus Shot or Booster			
Genitalia	Yes	No		Known Allergies			
Extremities	Yes	No					

Comments _____

Sports Participation Approved: Yes No Limitations: Yes No

Physician's Signature: _____ Date: _____

Physician's Phone Number: _____

 **Disabilities accommodated with advanced (4-6 weeks) notification.**

CAMP INFORMATION

ARRIVAL AND DEPARTURE

Overnight and Day Campers will check in to camp from 12:00 p.m. - 2:00 p.m. on the opening day of each session [June 21, July 19 and July 26]. Registration will take place outside of the Kirwan-Blanding dormitories in the courtyard area. Lunch and evening meals are included in the day camper's fee beginning with the opening day's evening meal. Breakfast, lunch and dinner are included in overnight camper's fee, beginning with opening day's evening meal. The first meal for all campers is dinner on Sunday evening. Overnight camp will end at 5:00 p.m. on Wednesday, June 24, Wednesday, July 22 or Wednesday, July 29 following the Awards Ceremony at the Seaton Center.

Father/Son Campers will check in from 5:00 p.m. - 6:00 p.m. on June 5 (Session I) or June 19 (Session II) outside of the Kirwan-Blanding Dormitories. Camp will dismiss at approximately 4:00 p.m. on June 6 or June 20.

WHAT TO BRING

Overnight campers should bring a one-week supply of gym shorts, basketball shoes, t-shirts, athletic socks, and underwear. They also should have towels, one pillow, one light blanket, two sheets, toiletry articles, etc. Please avoid bringing valuables.

Fathers and sons should bring gym shorts, basketball shoes, t-shirts, athletics socks, and underwear. They also should have towels, pillows, blankets, two sheets, toiletry articles, etc.

***THE UNIVERSITY OF KENTUCKY BASKETBALL CAMP WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS.**

FACILITIES

All campers will be housed in the Kirwan-Blanding Dormitories, a modern air conditioned complex. Meals will be provided in the Commons Cafeteria adjacent to the dormitories.

ELIGIBILITY

NCAA legislation allows any young man who has not begun his freshman year in college to participate in the UK Basketball Camp (ages 7-18).

INSURANCE & PHYSICAL

All campers will be covered by a group accident insurance policy provided by the camp at no additional cost. Each applicant must have a physical check-up by a family physician. Certification of this check-up must be in the basketball office two weeks prior to the start of camp.

If the applicant has had a physical check-up during the past year for participation in school athletics, then certification of the examination is sufficient.

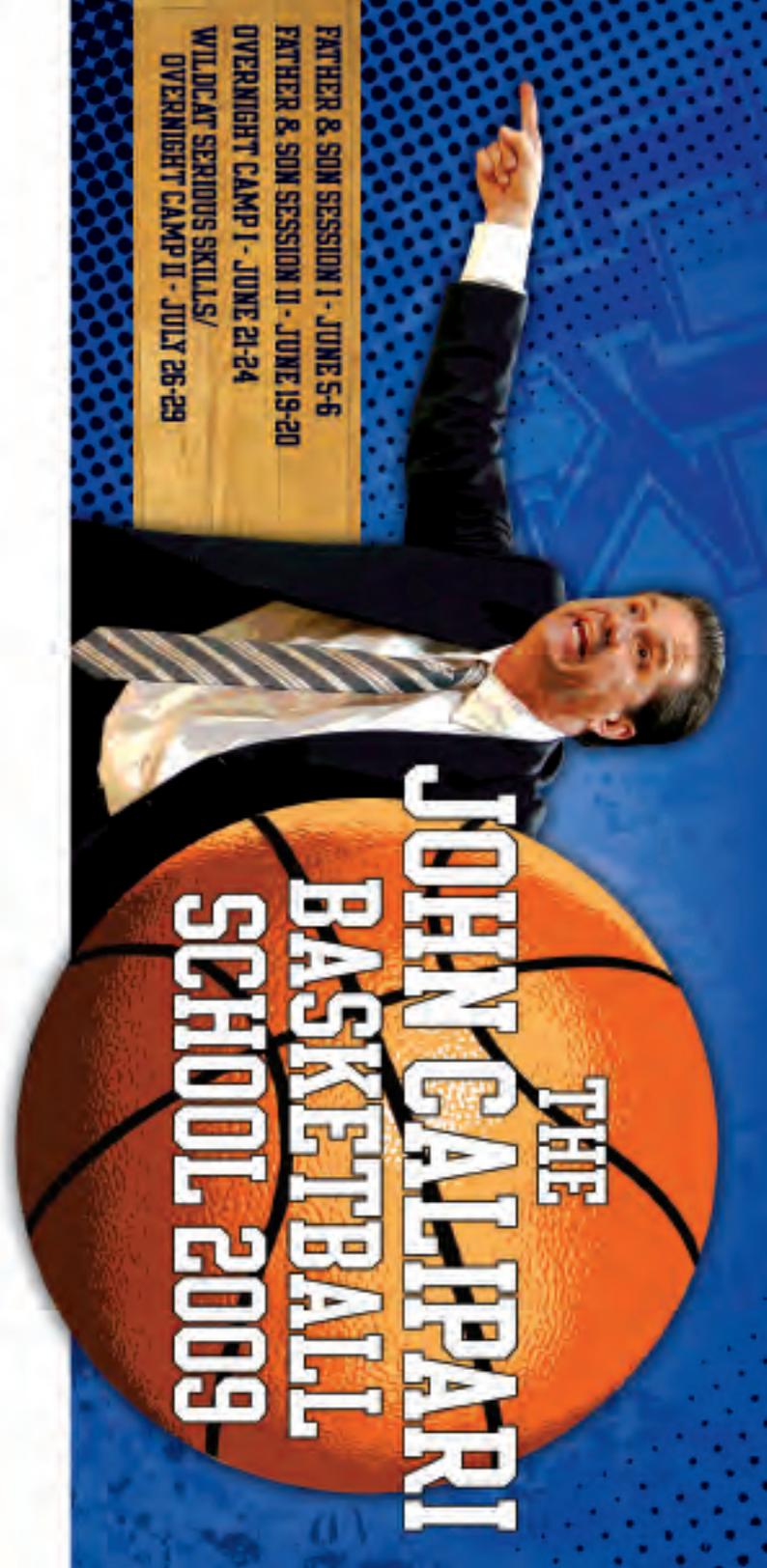
Please note: No camper may participate in any basketball activities without proof of a recent physical on file in our office prior to the start of camp. We are sorry, but teammate requests can not be taken.

NCAA rules prohibit payment of camp expenses (camp tuition, transportation, spending money, etc.) for campers by University of Kentucky boosters. NCAA rules also prohibit free or reduced camp admissions for prospects (7th grade or above). If you have any questions, notify camp officials prior to attending camp.

The University of Kentucky's camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender).

**THE JOHN CALIPARI
BASKETBALL SCHOOL**

Accounting Office • Joe Craft Center
338 Lexington Ave.
Lexington, KY 40506-0604



FATHER & SON CAMP

Don't miss the perfect opportunity to spend time with your future Wildcat while learning ways to develop your basketball skills. You will have the chance to be 1-on-1 with UK coach John Calipari, his staff and current and former Wildcat greats. You will learn drills and techniques that will help teach your son to become a better basketball player. Get ready for a great camp loaded with fun, individual instruction and time with your son!

DATE: 19-20

TIME: Friday, 5 pm – Saturday, 4 pm (EST)

AGES: 7-18
(each camper will work with and play with campers of appropriate age/talent level)

COST: \$150 per individual
(includes Friday Pizza Party, Camp T-Shirt, Saturday Lunch, Wildcat Workout Plan, Awards and Autograph Opportunity)

REGISTER ONLINE NOW AT: UKathletics.com/camps



OVERNIGHT CAMP

Jump into a **BIG BLUE** June and July.

These two weeks of camp will be dedicated to helping each camper have a tremendous amount of fun while learning new techniques, improving skills, games and much more. With a busy daily schedule and an experienced camp staff, these two sessions promise to help raise your game to a new level! Don't miss out on either of these two exciting sessions!

DATE: Overnight #1 – June 21-24 (Sunday-Wednesday)

TIME: Sunday, 12 pm – Wednesday, 5 pm
(For Monday, Tuesday and Wednesday - Day campers will be dropped off at 8:30 am/For Sunday, Monday, Tuesday, - Day campers must be picked up by 8:30 pm)

AGES: 7-18
(each camper will work with and play with campers of appropriate age/talent level)

COST: \$415 Overnight Camper • \$330 Day Camper
(If you are not paying in full, there is a \$200 NON REFUNDABLE DEPOSIT) Included in cost – Daily breakfast, lunch and dinner, Camp T-Shirt, Wildcat Workshop Workout Plan, Team and Individual Awards

REGISTER ONLINE NOW AT: UKathletics.com/camps



WILDCAT SERIOUS SKILLS/OVERNIGHT II CAMP

This advanced week promises to be a week to remember! Combining some of the country's best coaches with the enthusiastic Kentucky Basketball staff and featuring Wildcat greats Tony Delk and Scott Padgett. You will enjoy individual attention and instruction to sharpen all of your basketball skills. The shooting, ball handling and passing drills will help make you a better player! You will be challenged and coached to achieve your best.

DATE: July 26-29 (Sunday-Wednesday)

TIME: Sunday, 12 pm – Wednesday, 5 pm
(For Monday, Tuesday and Wednesday - Day campers will be dropped off at 8:30 am/For Sunday, Monday, Tuesday, - Day campers must be picked up by 8:30 pm)

AGES: 7-18
(each camper will work with and play with campers of appropriate age/talent level)

COST: \$415 Overnight Camper • \$330 Day Camper
(If you are not paying in full, there is a \$200 NON REFUNDABLE DEPOSIT) Included in cost – Daily breakfast, lunch and dinner, Camp T-Shirt, Wildcat Workshop Workout Plan, Team and Individual Awards

REGISTER ONLINE NOW AT: UKathletics.com/camps



APPLICATION

To be completed by parent or guardian, type or print in ink only. Fill in all sections. This form may be copied for additional applications.

- Father & Son**
June 19-20 \$150 Father \$150 Son
- Overnight I**
June 21-24 \$415 Overnight \$330 Day
- Wildcat Serious Skills/Overnight II**
July 26-29 \$415 Overnight \$330 Day

Please complete and return with full tuition. Applications will be processed on a first-come, first-served basis. Upon receipt of application and tuition, we will send you a detailed information packet, and a UK campus map. You may complete the application and medical forms and submit with a \$200 non-refundable deposit with the balance due two weeks prior to the first day of your selected session.

Online registration available at UKathletics.com. Follow camp links.

Name _____ Birthdate _____

FOR FATHER/SON CAMPS ONLY:

Father Name _____ Birthdate _____
Son Name _____ Birthdate _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Business Phone # _____ Primary Email _____

Age at Camp _____ Hgt. _____ Wgt. _____ Name of Roomate Request _____

Mother _____ Father _____

Stepmother _____ Stepfather _____

School _____

The school grade you are entering in the fall (circle one) 2 3 4 5 6 7 8 9 10 11 12

Did you play Varsity basketball last year? Yes No

If yes, where? _____ Postion Played _____

Parent/Guardian Signature _____ Date _____

Please make checks payable to:
THE JOHN CALIPARI BASKETBALL SCHOOL
And mail to:
THE JOHN CALIPARI BASKETBALL SCHOOL
Accounting Office • Joe Craft Center • 338 Lexington Ave • Lexington, Ky 40506-0604
Or register online at:

UKathletics.com/camps • Follow the CAMPS link