



Blessed Hoops Health Form – FOR LEGAL GUARDIAN TO COMPLETE

PERSONAL & CONTACT INFORMATION

Player Full Name	
Legal Guardian Full Name	
Emergency Contact & Phone	

HEALTH INFORMATION

Current medications	
Allergies	
Physical limitations	
Significant past illness/injuries	
Comments, special problems	

COVID-19

I confirm that, in the two weeks prior to the camp, my child has not been infected by the covid-19 virus or presents symptoms of the covid-19 virus.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that, in the two weeks prior to the camp, my child has not been directly nor indirectly exposed to any person infected by the covid-19 virus or presenting symptoms of the covid-19 virus.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that my child is not considered as an “at risk” person or that I hold such a person in my household.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the answer to these questions is no, please inform us as soon as possible, in order for us to take appropriate measures.

Legal Guardian Signature	Place & Date
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For your information, a similar disclaimer is filled out by all our staff and volunteers who will work with the children.