



Hooperverse Youth Basketball League Medical Health Form

Participant's Last Name: _____ First Name: _____ DOB: _____

I Understand that the above-named individual (referred to herein as "Participant") will be participating in the Hooperverse Youth Basketball League sponsored by The Metaverse Basketball Association LLC and Make the Extra Pass Foundation that involves strenuous activity and physical exertion. I have examined the participant and have reviewed his/her health and medical history. Based upon my examination and review of related medical records, the Participant is physically able to attend and participate in the basketball league, including such strenuous activity and physical exertion.

Are there any restrictions or special accommodations required for the participant in connection with the basketball league or any activities?

- No
 Yes

If Yes, please list any reactions or special accommodations required:

Does Participant take any medications on a daily, or as needed, basis of which you believe our staff should be aware of?

- No
 Yes

You must answer “Yes” or “No” to this question

If Yes, please list all medications and the dosage and frequency of each:

If your answer to the preceding question was Yes and if you provided the information requested immediately above, does Participant require monitoring and/or assistance by League Staff with respect to taking the described medication:

No
 Yes

Physician’s Signature: _____ Date: _____

Physician’s Name (Please Print): _____

Physician’s Address: _____

Physician’s Telephone No.: _____