

TWO RIVERS SOCCER CAMP

Health & Release Form

You will not be admitted without this completed form.

* if you have registered online you do not have to submit this form again.

Camper's Name: _____ Camp Dates: _____

Sex: _____ Age: _____ Wt: _____ Ht: _____ Child's SS#: _____

Address : _____

Parent or Guardian's Phone Number: _____ Work Phone Number: _____

Health and General History

If the camper should be restricted from any activities please note: _____

If the camper will be taking medication during camp, please indicate name of drug and dosage: _____

Please identify any medical condition or history, which would require special attention: _____

I hereby certify the named camper is physically able to participate in the Soccer Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program.

***(parent signature)** _____

Has the camper had? (Please circle for YES):

German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

Immunizations

(include dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

Mumps _____

Physician's Name _____

Address _____

Phone Number _____

Allergies

(yes / no)

Hay Fever _____

Asthma _____

Eczema _____

Insect Stings _____

Other (type) _____

Drug Reactions

(yes / no)

Sulpha _____

Penicillin _____

Antibiotics (type) _____

Other _____

INSURANCE INFORMATION (Please attach a photo copy of insurance card information: front and back)

Carrier Name: _____

Carrier address: _____ City: _____ St: _____ Zip: _____

Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth _____

I, the parent of _____, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release the Staff, Camp Management and Sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

(Sign) _____ (Date) _____

Parent / guardian phone number while my child is at camp if different from above: _____

Person to contact in the event I cannot be reached: _____

Phone number of emergency contact person: _____

I will allow the camp to administer Tylenol or Ibuprofen if needed while at camp. Yes or No

(Signature)

Please note that any special food requirements or allergies must be discussed with a director prior to your