

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 check boxes for YES):

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Measles, Mumps | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | |

Immunizations

(include dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

Mumps _____

Allergies

(Please check boxes for YES)

Hay Fever

Asthma

Eczema

Insect Stings

Other _____

Drug Reactions

(Please check boxes for YES)

Sulpha

Penicillin

Antibiotics (type)

Measles

Other _____

Physician's Name _____

Address _____

Phone Number _____

INSURANCE INFORMATION

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

Carrier Name: _____

Carrier address: _____

City: _____ St: _____ Zip: _____

Policy Number: _____ Exp: _____

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:

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 arrival at camp.

Directors Name: _____ Date of conversation: _____