

CONTACT INFORMATION

Camper's Name: _____

Parent/Guardian Names: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contacts (other than parent/guardian)

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell: _____

**Individuals allowed to check-out camper daily.
Individuals must show identification (photo ID) before camper is released.**

Name: _____ Name: _____

Name: _____ Name: _____

HEALTH INSURANCE INFORMATION

Private insurance information must be provided.

Camper's Name _____ SS Number _____

Camper's Address _____
Street City State Zip

Camper's Phone Number _____ Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone Number of Insurance Company _____

Group # _____

Policy Holder's Name _____ Policy # _____

Policy Holder's Address _____
Street City State Zip

Relationship to Camper _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)

MEDICAL INFORMATION FORM

Camper's Doctor: _____ Phone: _____

Camper's Dentist: _____ Phone: _____

List any pertinent health or medical information including all allergies.

List all medication currently taking including over-the-counter, non-prescription and prescription.

The undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby certifies that _____ [camper name] ("Camper") has been cleared by a medical physician within the last year (within 365 days of the first day of this camp) to fully participate in athletic related activities. If, Camper requires medical attention as a result of participation in said camp, we hereby give consent to authorize medical personnel present to provide such care as is deemed necessary by such authorized personnel and/or to seek additional emergency medical treatment.

We understand that there is a risk of injury during athletic participation, and we agree to disclose any injuries/illnesses to the camp medical/coaching staff. We also understand that camper will be removed from play to eliminate the risk of any injury and will not be able to resume participation until evaluated and cleared by a member of the camps athletic training staff who has experience with evaluating and managing athletic related injuries/illnesses.

Printed Name of the Camper: _____

Signature of Camper: _____

If the Camper is a minor under the age of eighteen (18), signature of Parent or Guardian or Individual Acting as Guardian is required:

Signature of Parent or Guardian or Individual Acting as Guardian: _____

Camp Name: _____

Camp Date: _____