

Health Information

Camper's Name <input type="checkbox"/> F <input type="checkbox"/> M (Last, First, M.I.):		DOB:
Home Address		Age:
Home Phone	Cell Phone	
Emergency Contact 1. (First, Last):		Cell Phone
Relationship to Camper		
Emergency Contact 2. (First, Last):		Cell Phone
Relationship to Camper		
Parent/Guardian Email Address		

INSURANCE INFORMATION

Are you a member of US Field Hockey? <input type="checkbox"/> Y <input type="checkbox"/> N	
Insurance Company:	Policy #
Policy Holder Name	

PERSONAL HEALTH HISTORY

Childhood illness: <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio		
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>
List any medical problems that other doctors have diagnosed		
Please list any FOOD RESTRICTIONS/ALLERGIES, Allergies to medications, or bee stings? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please describe		
Do you have Asthma that requires the use of an inhaler? <input type="checkbox"/> Y <input type="checkbox"/> N		

I acknowledge that our child is in good health and can participate in this camp. I agree that in the case of an accident involving my child while attending this camp with full awareness that field hockey is an activity that may invoke risk of serious injury, I release and waive the Stick to Stick Field Hockey Camps; P.J. Soteriades, coaching staff and Denison University from any and all liability for any injuries or illnesses incurred while at camp. In the event of an injury or illness while attending camp I consent to emergency medical or surgical treatment and hospitalization if necessary. I understand in the event that my child becomes sick or injured while at camp that camp personnel will attempt to contact the listed emergency contact person. I will be financially responsible for any and all medical attention needed during camp or resulting from and injury at camp. Stick to Stick Field Hockey Camp, its director and/or staff reserves the right to dismiss anyone from camp who has acted inappropriately and or broken camp rules with out refund. I understand that Stick to Stick Field Hockey Camp retains the right to use for publicity and advertising purposes photographs of players taken at camp.

Stick to Stick Field Hockey has my permission to photograph my child for future event-related materials

Parent/Guardian Signature

Date
