

# Health Information

|   |                                    |   |
|---|------------------------------------|---|
| Camper's Name<br><i>(Last, First):</i>  |                                    | DOB:  |
| Home Address  |                                    | Age:  |
| Home Phone  | Cell Phone                         |   |
| Emergency Contact 1.<br><i>(First, Last):</i>   |                                    | Cell Phone  |
| Relationship to Camper  |                                    |   |
| Emergency Contact 2.<br><i>(First, Last):</i>   |                                    | Cell Phone  |
| Relationship to Camper  |                                    |   |
| Parent/Guardian Email Address   |                                    |   |
| <b>INSURANCE INFORMATION</b>  |                                    |   |
| Are you a member of US Field Hockey? <input type="checkbox"/> Y <input type="checkbox"/> N  |                                    |   |
| Insurance Company:  | Policy #                           |   |
| Policy Holder Name  |                                    |   |
| <b>PERSONAL HEALTH HISTORY</b>  |                                    |   |
| illness: <input type="checkbox"/> COVID-19 <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"/> COVID-19 *if applicable  | <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   |                                    |   |
| <b>FOOD ALLERGIES &amp; DIETARY RESTRICTIONS</b>  |                                    |   |
| Please list any, 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

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