2023 SPRING CLINIC FIELD HOCKEY

Denison University

April 16, 2023 9:30 a.m. - 12:30 p.m.

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE AT <u>WWW.STICKTOSTICKFIELDHCOKEY.COM</u>

| Name | | | | |
|---|---|--|--|--|
| Camper E-Mail | Cell Phone | | | |
| Address | | | | |
| City | State Zip | | | |
| Parent or Guardian | | | | |
| Cell Phone | | | | |
| E-Mail (will be used to sen | nd confirmation and additional details) | | | |
| School | Date of Birth | | | |
| Grade in Sept | Position | | | |
| Years of FH Experience | Level(Beginner/MS/JV/Varsi | | | |
| Session Information April 16th, 2023 | | | | |
| 9:00-9:30 a.m. 9:30-12:30 p.m. | Registration Check in at Deeds Field Skills, Drills, Small Games | | | |
| *optional campus tour will | be offered at the end of the clinic | | | |

Make checks payable and mail to STICK TO STICK FIELD HOCKEY 1842 Elmwood Ave. Columbus, OH 43212

HEALTH INFORMATION

Insurance Information

Signature (Parent or Guardian)

| Name of Medi | ical Insurance Cor | mpany | Policy Number | | | |
|--|------------------------|--------------------|--|--|--|--|
| | | | | | | |
| Insurance Poli | cy Holder | | Group Number | | | |
| In case of | emergency pl | ease contac | •+ | | | |
| in oase or | <u>cincigency pr</u> | case contac | <u>,, </u> | | | |
| | | | | | | |
| Emergency Co | ontact | | | | | |
| | | | | | | |
| Emergency Ce | ell Phone | | | | | |
| | _ | | | | | |
| Medical In | <u>formation</u> | | | | | |
| | | | | | | |
| List any Allerg | ies (including bee | s) | | | | |
| | | | | | | |
| List any Medic | cations | | | | | |
| | | | | | | |
| List any Dietar | y Restrictions | | | | | |
| | | | | | | |
| Anv Medical C | Conditions that ca | mp personnel s | hould be aware of | | | |
| | | | | | | |
| | | | | | | |
| Do you have Asthma that requires the use of an inhaler? Y N | | | | | | |
| Have you had any of the following illness (please circle): | | | | | | |
| Tiave you had | arry or the following | ng iliness (pieas | se difficie). | | | |
| Covid-19 | Measles | Mumps | Rubella | | | |
| Chickenpox | Rheumatic | Fever | Polio | | | |
| Immunization | n Dates | | | | | |
| | | | | | | |
| Covid 19 | Covid 19 | Covid Bo | oster | | | |
| Tetanus | Influenz | aF | Pneumonia | | | |
| Hepatitis | Chicken | pox | _MMR | | | |
| As a parent or le | egal guardian of the | participant name | d above, authorizes Stick | | | |
| to Stick to seek medical care and/or surgical treatment which is reasonable | | | | | | |
| necessary to care for the patient. I further authorize the medical facility that | | | | | | |
| treats the participant to release all information needed to complete insurance | | | | | | |
| claims. I acknowledge my responsibility to pay all cost associated with the | | | | | | |
| participant's med | lical care and autho | rize all insurance | payments, if any to be | | | |
| made directly to | the medical staff. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date