

Raise the Bar Soccer, LLC 2020

MEDICAL HISTORY AND RELEASE FORM

\*You will not be admitted to camp without this form PLEASE FILL OUT AND SEND WITH APPLICATION

Circle Camp Date/s: June 28 June 29 July 17-18 July 18-19 Aug 14-15 Aug 15-16

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health History: If the camper should be restricted from any activity, 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:

\_\_\_\_\_

Has the camper had any of the following? Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Fainting, Heart conditions, Head Injury, Measles, Mumps, Pneumonia, Covid19: If yes to any, please circle and explain: \_\_\_\_\_

Allergies: Yes/No If yes, please explain:

\_\_\_\_\_

Drug Reactions: Yes/No If yes, please explain:

\_\_\_\_\_

\*\*\*PLEASE ATTACH MOST RECENT PHYSICAL WITH DOCTOR'S SIGNATURE\*\*\* INSURANCE

INFORMATION: Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_