

JUMBO SOCCER CLINICS, LLC 2018
MEDICAL HISTORY AND RELEASE FORM
*You will not be admitted to camp without this form
PLEASE FILL OUT AND SEND WITH APPLICATION

Camp Session: I: June 16-17 II: June 23-24 III: June 29-30 IV: July 1-2

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? *Athma, Chicken Pox, Diabetes,*
German Measles, High Blood Pressure, Measles, Mumps, Pneumonia,
Fainting, Heart conditions, Head Injury.

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 # _____