

University of Rochester Boys Residential Elite Soccer Camp

Health and Emergency Information

Please complete and return to the soccer office or bring to registration

Camper's Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Birth Date _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

Family Physician _____ Phone _____

Emergency Contact (other than parent)

Name _____

Relationship _____ Phone _____

Family Medical Insurance

Provider _____ Policy / Group Number _____

Immunization History

<u>VACCINES</u>	<u>DATE OF BASIC IMMUNIZATION</u>	<u>DATE OF LAST BOOSTER</u>
DPT (Diphtheria, Pertussis, Tetanus)		
Haemophilus Influenza Type B		
Hepatitis B		
Measles		
Mumps		
Rubella		
Oral Polio (Sabin)		
Injected Polio (Salk)		

Medical History

(Please check all that apply)

<u>Condition</u>	<u>Date</u>	<u>Notes and Details</u>
<input type="checkbox"/> Asthma		
Allergies		
<input type="checkbox"/> Hay Fever		
<input type="checkbox"/> Poison Ivy, etc		
<input type="checkbox"/> Insect Stings		
<input type="checkbox"/> Penicillin		
<input type="checkbox"/> Other Drugs (please specify)		
<input type="checkbox"/> Food Allergies (please specify)		
<input type="checkbox"/> Chicken Pox		
<input type="checkbox"/> Measles		
<input type="checkbox"/> German Measles		
<input type="checkbox"/> Mumps		
<input type="checkbox"/> Operations (please specify)		
<input type="checkbox"/> Serious Injury (please specify)		
<input type="checkbox"/> Other (please specify)		

Certification of Health / Emergency Waiver

Statement of Risk and Liability

This certifies that my son is in good health and has no physical condition that would prevent him from participating in this camp. In the event of the camp's inability to promptly locate a parent or emergency contact, I give my permission to Camp Authorities to take such emergency measures, as they deem necessary, until I can be notified.

By allowing _____ to participate in the University of Rochester Residential Boy's Soccer Camp, I, as his parent / guardian represent and affirm to the University of Rochester that:

1. I understand that participating in athletics and other camp activities involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including, but not limited to, those associated with travel to and from camp activities.
3. I will not hold the University, its employees or agents responsible for any injury or other harm that results from participation in the camp, unless the injury or harm is caused intentionally or by gross negligence.
4. My son is in good health and has no physical condition that would prevent him from participation in the camp.

Name of parent/guardian

Signature of parent/guardian

Date