

Camp Attending (i.e. - Tennis Camp session III) _____

PREMIER SPORTS CAMPS, Inc.
EMERGENCY INFORMATION AND PHYSICAL EXAMINATION FORM

*** If camper will be arriving with someone other than parent, all information must be complete.*

NAME _____ BIRTHDATE_--____--____ AGE _____
SPORT _____
Address _____
Street City State zip

Parent's (Guardian) name _____ Home phone () _____ - _____

Emergency phone for parents during day: Father _____ Mother _____

If parents cannot be contacted in an emergency, notify _____ @ _____
NAME Phone #

PLEASE NOTE ANY SPECIAL OR MEDICAL CONDITIONS (Allergies, Asthma, Etc.) OF WHICH WE SHOULD BE AWARE _____

LIST ALL PREVIOUS HOSPITALIZATIONS _____

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN _____

ARE ALL IMMUNIZATIONS UP TO DATE? _____yes _____no Date of last tetanus _____

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY?.yes____no____

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his designate at the school (Premier Sports Camps) to secure any and all necessary medical treatment. I understand that the school (Premier Sports Camps) will attempt to contact the parent before treatment is initiated. If the school (Premier Sports Camps) cannot reach the parent, I authorize the attending physician to render any and all medical care which he/she deems necessary.

_____ date _____ Parent's Signature

WAIVER :	
PREMIER SPORTS CAMPS MEDICAL RELEASE FORM	
The following camper, _____, did not have a completed physical form when reporting to camp on _____. As his/her parent or legal guardian,	
I certify that _____ is in good health and is able to participate in all camp activities. I take complete responsibility for the health of this camper while he/she is attending Premier Sports Camps	
Signature _____	Date _____