

PLAYMAKERS

FOOTBALL CAMP

EMERGENCY CONTACT/HEALTH INSURANCE INFORMATION

CAMPER'S INFO

Camper's Name _____

Date of Birth _____ Age _____

Home Address _____

Home Phone _____

Cell Phone _____

EMERGENCY CONTACTS

Contact's Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Contact's Name _____

Relationship _____

Home Phone _____

Cell Phone _____

HEALTH INSURANCE

Private Insurance

MediCal

Other

Name of Insurance Company _____

Policy Number _____

Group Number _____

Policy Holder's Name _____

Family Doctor _____

City _____

Phone _____

HEALTH HISTORY

Do you have any pre-existing or present medical conditions? If yes, please explain:

Please give the name and dosage of any medication you are currently taking and any medications you have taken in the last 6 months:

Do you have any allergies? If yes, what are they?

Please check any or all that apply:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nervous Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Other _____ | |

If any of the above are checked, please give details, and include an explanation of your treatment and if you've had any allergic reaction to the treatment:

Have you had any major illness in the past year? If yes, please give explanation:

Date of your last tetanus shot: _____ Do you wear contact lenses? _____

Do you have any activity restrictions that would prevent you from fully participating in camp? If yes, please explain:

PLAYMAKERS

FOOTBALL CAMP

MEDICAL & MEDIA LIABILITY RELEASE STATEMENT

MEDICAL:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person(s) listed as emergency contact(s) for this child. If my child/ward is injured during the activity dates shown on this form and I cannot be reached, I hereby give my permission for the coaching staff of Playmakers and the host site to seek immediate medical care. I also give the physician and/or dentist permission to begin medical treatment immediately.

I understand that extreme safety precautions will be taken at all times by Playmakers coaching staff and its agents during Youth and High School Football Camps. I understand the possibility of unforeseen hazards and know that there are inherent risks involved for participants attending football camp. I agree NOT to hold Playmakers, the host site, or any other location, their employees and volunteers liable for any damages, losses or injuries incurred by the athlete whose Parent/Guardian signs this form. I understand that I am financially responsible for my child/ward's medical care should it be required.

MEDIA:

I understand that video & photography will be taken at the Playmakers camp for the purpose of documenting the activities and participation of the camp. I grant Playmakers, its directors, officers, employees, agents, and designees (collectively "Playmakers") non-revocable permission to capture the participant's image and likeness in photographs and videography, recordings, or any other media (collectively "Images"). I acknowledge that Playmakers will own such images and further grant Playmakers permission to copyright, display, publish, distribute, use, modify, print and reprint such images in any manner whatsoever related to the advancement of the Playmakers program.

Camper's Name _____

Parent or Guardian Name _____

Signature _____

Date _____