

Camper's Name _____

Directions: Completion of this form by a parent or guardian is required before a student can enter camp. Please answer all questions. Incomplete forms will be returned to you for the missing information. Printed answers will be appreciated. Attach any specific recommendations from your physician to this form.

DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING? (If yes, please describe)

Drug allergies	<input type="checkbox"/>	None _____
Food allergies	<input type="checkbox"/>	None _____
Allergies to insect bites	<input type="checkbox"/>	None _____
Special dietary needs	<input type="checkbox"/>	None _____
Asthma	<input type="checkbox"/>	None _____
Frequent headaches	<input type="checkbox"/>	None _____
Dizziness or seizures	<input type="checkbox"/>	None _____

LIST:

Other health problems None _____
Or recent injuries: _____

Medications the camper is currently taking: None _____

(Please note: Our staff cannot administer any medications, prescription or nonprescription, to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, she must bring the medication to camp and assume responsibility for taking it as needed or indicated).

MEDICAL HISTORY

IMMUNIZATION DATES:

Measles _____
Mumps _____
Rubella _____
Or MMR (combined) _____
Last Tetanus (DPT or TT or TD) _____
Polio series completes _____

Date of last medical checkup _____

Reasons for any hospitalizations in the last 5 years:

None _____

PHYSICIAN INFORMATION

Physician's Name _____
Address _____
City, State, Zip _____
Telephone _____

DOCTOR'S RELEASE

I certify that _____ is able to participate in all aspects of Soccer Camp.

Physician's Signature _____ Date _____

Physician's Name (print) _____

Return Form to: Premier Soccer Academy for Girls, LLC
POB 10906
Blacksburg, VA 24062