



Jake Bergey's 2008 Lacrosse Camp
Directed by Jake Bergey

HEALTH & RELEASE FORM

Send this form with your final payment by July 1st

SPORT _____ CAMP LOCATION _____

Camper's Name _____ Sex: _____ Age: _____ Wt: _____ Ht: _____

Address: _____ Phone: _____

HEALTH & GENERAL 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: _____

I hereby certify the named camper is physically able to participate in the Jake Bergey Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Has the camper had (Please circle for YES): German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

IMMUNIZATIONS

(include dates)

ALLERGIES

(yes/no)

DRUG REACTIONS

(yes/no)

Tetanus Toxoid _____ Hay Fever _____ Sulpha _____

Polio Vaccine _____ Asthma _____ Penicillin _____

Tuberculin Test _____ Eczema _____ Antibiotics (type) _____

Measles _____ Insect Stings _____

Rubella _____ Other (type) _____ Other _____

Mumps _____

Physicians Name: _____

(Address)

(Telephone)

INSURANCE INFORMATION

Carrier Name _____ Policy Number _____

Policy Holder Name _____ Policy Holder Date of Birth _____