

PERSONAL HEALTH QUESTIONNAIRE 2009

Please check which session(s) you are registered for:

___ Fri. July 24 – Mon. July 27

___ Tues. July 28 – Fri. July 31

Camper's Name: _____ Date of Birth: _____ Age: _____
Address: _____ Social Security Number: ____ - ____ - ____
Town/City: _____ State: _____ Zip Code: _____
Home Telephone: (____) _____ Emergency Telephone Number: (____) _____

Parent's/Guardian's

Name(s): _____

Person to contact (other than your parent(s) or guardian(s) in an Emergency). Please include their phone number:

Health Insurance Company:

Health Insurance Number: _____ Group Number: _____

Family Doctor's Name: _____ Phone Number: (____) _____

Please list date of your last **TETANUS SHOT**: _____

Please list any **ALLERGIES** you may have: _____

Please list any recent **INJURIES** which have occurred in the last six months: _____

Please list any **MEDICATION** you may take on a regular basis: _____

Do you suffer from **ASTHMA**? ___ Yes ___ No Do you wear **CONTACT LENSES**? ___ Yes ___ No

Do you have any other **MEDICAL CONDITIONS** that our trainer needs to know about? _____

NOTE: *Bison Soccer Camp for Girls* reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the week by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at *Bison Soccer Camp for Girls*. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENT: I verify that my child has been checked by a licensed physician prior to coming to *Bison Soccer Camp for Girls* and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the *Bison Soccer Camp for Girls*. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless *Bison Soccer Camp for Girls* of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature Date

Bison Soccer Camp for Girls, Inc. P.O. Box 194 Lewisburg, PA 17837

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