PERSONAL HEALTH QUESTIONNAIRE 2008
Sun. July 27 – Wed. July 30

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 Doctors Name: _____ Phone Number: (_____)_____

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**

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