

S.P.I.K.E.™ Performance Camps

PLAYER MEDICAL HISTORY AND RELEASE FORM

This form **MUST** be completed legibly and signed in all areas by **BOTH** the player and her parent or guardian. *By signing this form the participant affirms having read it.*

A copy of this form must be turned in by camper at check-in prior to camp.

Name _____
Last First

Birth Date _____ Age _____ Gender _____

Parent or Guardian:

Name _____

Address _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone: _____

Family Physician Name _____

Physician Phone _____

Emergency Contact (if different from left):

Name _____

Home Phone _____

Work Phone _____

Other Phone?: _____

Primary Insurance Co. _____

Primary Group/Policy # _____

Does policy cover sport related accidents? ___ Yes ___ No

Signed _____ Date: _____

Participant

Participant: _____ has my permission to participate in training, competition, and other camp activities. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Sign _____ **Date:** _____

Relationship: _____

To the Camp Leaders:

If, during the course of my daughter's activities in volleyball, she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

I will assume financial responsibility for the bills incurred through my insurance company.

Signed: _____ Date: _____
Parent/Guardian

I do not authorize emergency medical/dental care for my daughter.

Signed: _____ Date: _____

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-Over-

Immunizations (please state month and year)

Tetanus _____ Polio _____ Measles (Rubella) _____

Health History

	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injuries	_____	_____	_____	_____
Knee Injuries	_____	_____	_____	_____
Back Injuries	_____	_____	_____	_____
Head/Neck Injuries	_____	_____	_____	_____
Shoulder Injuries	_____	_____	_____	_____
Elbow Injuries	_____	_____	_____	_____
Wrist Injuries	_____	_____	_____	_____
Hand Injuries	_____	_____	_____	_____
Finger Injuries	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

1. Height _____ Weight _____

2. Is there any psycho-social or physical condition for which the participant is currently under professional care?

No ____ Yes ____ Describe _____

3. Is the participant currently taking any medications? No _____ Yes _____

If so, please name the drug(s), dosage and frequency needed: _____

Important Notice: Our staff cannot administer any medications, prescription or non-prescription, to campers. This includes over-the-counter medicines like ibuprofen, Tylenol, or aspirin. If the camper will need to take medications at camp, she must bring it to camp and assume responsibility for taking it as needed or prescribed. Our trainer must be advised of any such meds in the event it affects potential treatment of the camper. While our trainer cannot always monitor every camper's med schedule due to treatment situations that may periodically arise, she will do her best to remind campers of med schedules.

4. List any known allergies: _____

5. Please elaborate on any medical conditions of which we should be aware: _____

6. Comments: _____

7. Please list any injuries the participant has suffered in the last two months:

8. State special instructions to follow in case of emergency _____