

# S.P.I.K.E.™ Performance Camps

## CAMPER 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.*

**This form must be turned in by camper at camp check-in.**

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. In consideration of your accepting my/my child's entry, I hereby, for myself/my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I/my child may have against Blue Sky Marketing, Inc. and/or its representatives, successors and assigns for any and all injuries suffered by myself/my child at any activity sponsored by this group. I give permission for the above named player to participate in any and all Blue Sky Marketing, Inc. activities and functions. I certify that I/participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that I/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 (my) activities in volleyball, she (I) 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 or Camper if 18 or older

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Revised 6/9/10

**-Over-**

**All Campers must have a full set of current immunizations. Checking the following boxes affirms that immunizations are current for each.**

Diphtheria, Tetanus, Pertussis \_\_\_\_\_ Polio \_\_\_\_\_ Measles, Mumps, Rubella \_\_\_\_\_ Chickenpox \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Rotavirus \_\_\_\_\_

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 \_\_\_\_\_