

2010 KaPow Kamps

Player **MEDICAL RELEASE** Form

Camp(s) Attending: Elite Kamp Adventure Kamp Junior Kamp Mini Kamp

Please print and complete this form. Either mail to address below or bring to camp. This form and the **WAIVER FORM** must be fully completed and signed by a parent or guardian before participation in camp is permitted.

Athlete's Details

Athlete's Name:			
Address:			
S.S. #:		DOB (mo/dy/yr):	
Age:	Gender:	Height:	Weight:

Emergency Contact Details

Parent/Guardian's Name:	
Phone # (Day):	Phone # (Evening):
Alternate Emergency Contact Name:	
Relationship:	
Phone # (Day):	Phone # (Evening):

Doctor's Details

Doctor's Name:	Phone #:
Address:	
Can be contacted after hours? Yes No	After Hours Phone #:

Insurance Details (If the military, Medicaid or another assistance program provides insurance, please attach copies of the front and back of the insurance card to this form).

Policy Holder's Name:	Policy #:
Insurance Company:	Membership #:

Immunization Record (Provide Month/Year; Or enclose doctor's copy of immunization record)

	Immunization Date	Disease Contracted
Measles		
Mumps		
Rubella		
Diphtheria		
Tetanus		
Polio		
Whooping Cough		
Chicken Pox		
TB Test		
Hepatitis B		

Injury Details

Were you injured last season (or during) the off-season?	Yes	No
If yes, please list injury:		
Have you sustained a fracture in the last three years?	Yes	No
If yes, please list:		
Have you sustained a dislocation the last three years?	Yes	No
If yes, please list:		
Are there any past injuries still effecting your performance (e.g. pain, stiffness)?	Yes	No
If yes, please list:		
Do you require specific taping/padding for a previous injury?	Yes	No
If yes, please list:		
Have you ever had a head, neck or spinal injury (including concussions)?	Yes	No
If yes, explain (include # of times and dates):		

Medication Details

Allergies to:					
Tape:	Yes	No	Bee Stings	Yes	No
Food:	Yes	No	Special Diet Required?	Yes	No
If yes, please list food(s):					
Other Allergies (please list):					
Allergies to medications:	Yes	No	Are you taking medications:	Yes	No
If yes, please list medication(s) name:			If yes, please list medication(s), dosage, time:		

Health Problems

Have you had?	Yes	No	Briefly Explain – include date
Epilepsy			
Diabetes			
Hepatitis A			
Heat Problems			
Hearing Problems			
Heart Murmur			
Hernia			
Herpes			
Staph (Boils)			
Chest Pains			
Palpitations			
Shortness of Breath			
High Blood Pressure			
Fainting			
Asthma			Do you take medication?
If yes, please list medication:			

Other pertinent Medical Conditions that may limit the camper's ability to participate in the camp's activities for six or more hours per day (attach extra sheet if necessary).

The above named individual has been examined by a physician and is physically qualified to participate in the 2009 KaPow Field Hockey Kamps and Activities.

_____ Date: _____
 ⇒ **Physician's Signature** (must be signed to be valid)

- I, _____ the parent/guardian of _____ hereby:
- certify that the medical information is accurate to the best of my knowledge.
 - give permission for any medical attention necessary to be administered to my child, in the event of accident, injury, sickness, etc. under the direction of either of the emergency contact person(s) designated above, until I may be contacted. If neither of the person(s) above can be contacted, I give permission for treatment of my child to be determined by the appropriate health care professional who is present.
 - understand and accept that the risk of injury is possible while playing or practicing the sport of field hockey, participating in camp activities, and whitewater rafting. I authorize the Directors to act for me according to their best judgment in any emergency requiring immediate medical attention.
 - (Day campers **ONLY**) give permission for my child to drive to and from camp & activities and leave during designated camp breaks. Check box for agreement.

_____ Date: _____
Athlete's Name (Print) ⇒ **Athlete's Signature**

_____ Date: _____
Parent/Guardian's Name (Print) ⇒ **Parent/Guardian's Signature**