



Calvary Academy Volleyball Camp 2017

Registration—Medical Form Information



Name: _____ School: _____

Age: _____ Grade: _____ Home Phone: _____

Address: _____

Parent/Legal Guardian Name: _____

Emergency Contact Information: _____

1. Does player have medical insurance through parent? Y or N

2. If yes to No. 1, name of Insurance Company: _____

3. Policy number for No. 2: _____

4. Medical Conditions (Check): _____ Allergies (Check): _____

- _____ Diabetes
- _____ Orthopedic Problems
- _____ Asthma
- _____ Epilepsy
- _____ Cardiac Problems
- _____ Other (specify): _____

- _____ Aspirin
- _____ Penicillin
- _____ Sulfa
- _____ Insect Bites
- _____ Tetracycline
- _____ Medications (specify): _____

5. Current Medications (including over the counter): _____

6. Has player had a tetanus shot within 6 years? Y or N

7. Do you know of any health factor that make it advisable for player to follow a limited program of physical activity or from participating in any of the activities? Y or N

8. If yes to No. 7, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or any other physical condition. _____

9. Does player wear glasses or contact lenses? Y or N

***INDEMNIFICATION BY GUARDIAN:** The undersigned guardian of _____ agree to save and indemnify Calvary Academy, its employees, coaches and sponsors against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while attending or participating in Calvary Academy Volleyball Camp activities.

Signature: _____ Date: _____

***PARENT AUTHORIZATION:** The health history as provided is correct to the best of my knowledge and the child herein described has permission to engage in all activities, unless noted by me. I give my permission to the physician or hospital selected by a medical representative of Calvary to hospitalize, secure proper treatment for and to order medications, injections, anesthesia surgery for my child name on this form.

Signature: _____ Date: _____

***This form must be filled out and signed prior to the start of the camp to be allowed to participate in any activity.**

***Please return this form with the fee of \$210.00 (add an additional \$90.00 if staying in the hotel) to Calvary Academy, Volleyball Camp, 199 Great Belt Rd., Butler, PA 16002**

I will be commuting: \$210.00

I will be staying in the hotel: \$300.00

***If you are staying in the hotel, please mark which four nights you will be staying.**

Sun. 6/18/2017	Mon. 6/19/2017	Tues. 6/20/2017	Wed. 6/21/2017	Thur. 6/22/2017