

Camp Attending (i.e. - Tennis Camp session III) _____

PREMIER SPORTS CAMPS, Inc.

College of Wooster

EMERGENCY INFORMATION AND PHYSICAL EXAMINATION FORM

*** If camper will be arriving with someone other than parent, all information must be complete.*

NAME _____ BIRTHDATE_--__--__ AGE _____

SPORT _____

Address _____

Street City State zip

Parent's (Guardian) name _____ Home phone () _____-

Emergency phone for parents during day: Father _____ Mother _____

If parents cannot be contacted in an emergency, notify _____ @ _____

NAME Phone #

PLEASE NOTE ANY SPECIAL OR MEDICAL CONDITIONS (Allergies, Asthma, Etc.) OF WHICH WE SHOULD BE AWARE _____

LIST ALL PREVIOUS HOSPITALIZATIONS _____

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN _____

ARE ALL IMMUNIZATIONS UP TO DATE? _____yes _____no Date of last tetanus _____

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY?yes _____no

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his designate at the College of Wooster(Premier Sports Camp/ Northcoast Lacrosse Camp) to secure any and all necessary medical treatment. I understand that the College of Wooster(Premier Sports Camp/ Northcoast Lacrosse Camp) will attempt to contact the parent before treatment is initiated. If the College of Wooster(Premier Sports Camp/ Northcoast Lacrosse Camp) cannot reach the parent, I authorize the attending physician to render any and all medical care which he/ she deems necessary.

_____ date

_____ Parent's Signature

PRE-PARTICIPATION PHYSICAL EXAM

This is to certify that _____ has been thoroughly examined by _____ camper

Name and Address of examining physician

and has been found in good health and may participate in all camp activities.

_____ *Date

_____ Physician's Signature

*Date of exam must be within one year of the first day of camp.