

CHEERLEADING CAMP PARTICIPANT HEALTH FORM

NCA CHEERLEADING CAMP AT HUSSON

PERSONAL INFORMATION:

Circle session attending: SPEED 1 2 3
(6/26-28) (7/7-7/10) (7/12-7/15) (7/17-7/20)

Name: _____ School/Program : _____
Last First M.I. (Please do not abbreviate)

Mailing Address: Street or P.O. Box: _____
City/Town: _____ State: _____ Zip: _____

*** E-mail address: _____

Grade entering in Fall: _____ Age: _____ Birthdate: _____ Sex: M F

EMERGENCY CONTACT:

Parent #1: _____ Email: _____
Cell phone: _____ Home phone: _____ Work phone: _____

Parent # 2 _____ Email: _____
Cell phone: _____ Home phone: _____ Work phone: _____

Other contact name/relationship: _____ Phone: _____

MEDICAL INFORMATION:

Date, or scheduled date of physical examination: Month ____ Year: ____
(School physicals acceptable, but must be within a year)

Family Physician: _____ Phone: _____

Please list any serious injuries, chronic or recurring illnesses, allergies, diseases, and/or other problems or conditions that we should be aware of:

Please note any medication camper is taking: _____

Special instructions or procedures to follow in relation to any of the above mentioned conditions:

INSURANCE INFORMATION:

Each camp enrollee must provide his/her own accident insurance coverage. Please indicate your insurance company and policy number below. If you have no insurance, write "NONE".

*** Insurance Company: _____ Group/Policy # _____

LIABILITY & CONSENT STATEMENT:

RELEASE OF LIABILITY: In case of medical emergency, I understand every attempt will be made to reach the indicated contact person. If they cannot be reached, I hereby give my permission to the physician selected by the Camp Representative to hospitalize and secure medical treatment for me should I be unable to do so myself. I agree to accept responsibility for any associated medical bills.

CONSENT STATEMENT: The person enrolling at the NCA Cheerleading Camp at Husson understands that there are certain inherent dangers related to cheerleading participation and therefore, agrees to hold Husson University, NCA, Tami Campbell and the camp employees harmless and specifically agree not to make any claim against the NCA Cheerleading Camp at Husson for any of these injuries which would be considered to be a normal risk associated with participation in cheerleading activity.

***Signature of Parent/Guardian: X _____ Date: _____