

CHEERLEADING CAMP HEALTH FORM

This form is to be filled out by the parent, and is not to be confused with a physical examination. Campers are required to have had a physical examination within the last twelve months. A school physical, which has been given within the year, is permissible. *Please return form with final payment or as soon as possible.*

<u>PERSONAL INFORMATION:</u>			Circle session attending: 1 2 3 4			
Name: _____		School: _____				
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		
Parent's Names: _____			Home Phone(s): _____			
Business Phone(s): _____			Cell Phone(s): _____			
Emergency Contact during camp (name, phone # & relationship): _____						

<u>MEDICAL INFORMATION:</u>	
** Date (or scheduled date) of physical examination: Month _____ Year: _____ (must be within one year)	
Family Physician: _____	Phone: _____
Please list any serious injuries, chronic or recurring illnesses, allergies, diseases, and/or and 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:	

<u>INSURANCE INFORMATION:</u> Each camper must provide his or 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 # _____

<u>LIABILITY & CONSENT STATEMENT:</u>
RELEASE OF LIABILITY: In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. 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 my child. I agree to accept responsibility for any associated medical bills.
CONSENT STATEMENT: The person enrolling at the NCA Cheerleading Camp at Husson College and his/her parent(s) or legal guardian(s) understand that there are certain inherent dangers related to cheerleading participation and therefore, agree to hold Husson College, NCA, Tami Campbell and the camp employees harmless and specifically agree not to make any claim against the NCA Cheerleading Camp at Husson College 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: _____