

**COACHES HEALTH FORM**  
**NCA Cheerleading Camp at Husson College**

**PERSONAL INFORMATION:**

How many years have you attended the NCA Cheerleading Camp at Husson? 0 1 2 3 4 5 6 or more

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Last First M.I. (please do not abbreviate)

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

\*\*\*E-mail Address: \_\_\_\_\_

Please note where you can be reached during the day. If it is a work phone, is it acceptable to call you at work?

Daytime Phone(s): \_\_\_\_\_ Home Phone(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M F

**MEDICAL INFORMATION:**

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 :

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

Emergency Contact:

Name: \_\_\_\_\_ Relationship (spouse, parent, etc.) \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**INSURANCE INFORMATION:** Each camp enrollee 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 # \_\_\_\_\_

**LIABILITY & CONSENT STATEMENT:**

**RELEASE OF LIABILITY:** In case of medical emergency, I understand every attempt will be made to reach your 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 College understands 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: X \_\_\_\_\_ Date: \_\_\_\_\_