

COACH/ADULT HEALTH FORM
NCA CHEERLEADING CAMP AT HUSSON

PERSONAL INFORMATION:

How many years have you attended the NCA Cheer Camp at Husson as a coach? _____

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

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

***** E-mail address:** _____

Phone number where you can be reached during the day.

Cell phone: _____ Secondary phone# _____ (___Home ___Work)

Birth date: _____ Sex: M F

MEDICAL INFORMATION:

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:

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 phone: _____

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: X** _____ **Date:** _____