

Medical Information Form

Contact Information

Participant's Name: _____ Gender: _____ Birthdate: _____
Home Address: _____ City _____ Zip _____
Email: _____
Emergency Contact #1: (Name): _____ (Phone): _____ Relationship: _____
Emergency Contact #2: (Name): _____ (Phone): _____ Relationship: _____

Insurance Information

Insurance Company: _____ Policy # _____
Policy holder's Name (Parent/Guardian): _____

General Medical History

Please list all previous injuries in detail:

Parent or guardian's comments concerning special problems, allergies, etc.:

Does the camper take any medications they will take during the camp?

Liability Waiver

In consideration of being permitted to participate in Northwestern Soccer Camp, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. Northwestern Soccer Camp will not be responsible for personal injury that results from negligent acts or omissions of the Camp employees. As a participant and/or parent or guardian, I do hereby release Northwestern Soccer Camp and it's employees from all liability for personal injury or property damage which results from causes beyond the control of, and without the fault or negligence of, Northwestern Soccer Camp and it's employees. I hereby authorize camp officials and representatives of Northwestern Soccer Camp to photograph and/or record my minor child _____ during his or her participation in the camp. I understand that any photographs and audio and video recordings taken may appear in local news media and any Northwestern publication, brochure, advertisement or any other media, including social media or other websites. I understand I have no right to inspect or approve the publications, materials, advertising, etc., or to determine how the photograph(s) or recording(s) will be used, and I further understand that any use described herein may be made without compensation or additional consideration. I hereby authorize and give my consent to the health care providers to perform upon or administer to _____ (camper's name) any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections and minor operations and procedures. I understand that Northwestern Soccer Camp offers excess insurance for injuries as a result of and that all claims must first be filed with my primary insurance to be eligible for this excess coverage. I authorize my insurance company to pay benefits to the health care providers that Camp employees send my son to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company and to the Northwestern Soccer Camp excess carrier for the purpose of a claim.

Parent/Guardians' Signatures are required if the participant is under the age of 18. Signature is required from participants aged 18 or older.

Parent/Guardian's Signature: _____ Date _____
Participant's Signature (if 18 or older): _____ Date _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.