



# Calvary Volleyball Camp

## Registration—Medical Form Information

Name: \_\_\_\_\_ High School \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

1. Does Player have medical insurance through parent? Y or N
2. If yes to No. 1, name of Insurance Company: \_\_\_\_\_
3. Policy number for No. 2: \_\_\_\_\_

4. Medical Conditions (Check): \_\_\_\_\_ Allergies (Check): \_\_\_\_\_  
 Diabetes  Aspirin  
 Orthopedic Problems  Penicillin  
 Asthma  Sulfa  
 Epilepsy  Insect Bites  
 Cardiac Problems  Tetracycline  
 Other (specify): \_\_\_\_\_ Medications (specify): \_\_\_\_\_

5. Current Medications (including over the counter): \_\_\_\_\_
6. Has player had a tetanus shot within 6 years? Y or N
7. Do you know of any health factor that makes it advisable for player to follow a limited program of physical activity or from participating in any of the activities? Y or N
8. If yes to No. 7, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or any other physical condition. \_\_\_\_\_
9. Does player wear glasses or contact lenses? Y or N

**\*INDEMNIFICATION BY GUARDIAN:** The undersigned guardian of \_\_\_\_\_ agree to save and indemnify Calvary Academy, its employees, coaches and sponsors against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while attending or participating in Calvary Volleyball Camp activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Parent Authorization:** The health history as provided is correct to the best of my knowledge and the child herein described has permission to engage in all activities, unless noted by me. I give my permission to the physician or hospital selected by a medical representative of Calvary to hospitalize, secure proper treatment for and to order medications, injections, anesthesia surgery for my child named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be filled out and signed prior to the start of the camp to be allowed to participate in any activity. Please return this form with the registration fee of \$250.00 to Calvary Academy, Volleyball Camp, 199 Great Belt Rd., Butler, PA 16002**

**\*Please Mark which nights you will be staying in the hotel.**

Sun. 7/11/2010	Mon. 7/12/2010	Tues. 7/13/2010	Wed. 7/14/2010	Thur. 7/15/2010