

MEDICAL HISTORY

Please complete all the necessary medical information below. Your dependent will not be able to participate without this form. **Please provide a copy of a sports physical form. We will accept the physical form if valid within one year of the starting date of camp.**

Emergency Contact Name and Number Relationship to Participant

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Physician Name Primary Physician Phone Number

Health Concerns or Allergies _____

Does your child require special medical attention?

Does your child have any previous injuries/illnesses that may affect participation in the clinic?

Please describe any relevant pre-existing conditions, previous illnesses, injuries, or special medical attention needed:

I certify that _____ is physically able to participate in vigorous physical activity and competitive athletic sports.

Parent/Guardian Signature Date