Medical Form

Medical history, Treatment permission and Release

This form is required prior to participation in any FSI activity. Participation will not be permited until this form has been completed and signed and is on file with the FSI activities.

Camp dates____

PARTICIPANT INFORMATION

Name (first and last)__________________________________ **Age**________ **Date of birth** __________________________
Home Address ____________________________________ **City**_____________________ **State**__________ **Zip** _________

EMERGENCY CONTACT

Father/Guardian name ____
Address ____
Phone : Home (_____)_____________________**Work (_____)**__________________**Cell (_____)** _____________________

Mother/Guardian name____
Address ____
Phone : Home (_____)_____________________**Work (_____)**__________________**Cell (_____)** _____________________

Other/Emergency contact person name
Phone : Home (_____)_____________________**Work (_____)**__________________**Cell (_____)** _____________________

MEDICAL INFORMATION

Family Physician :____ **Phone : (_____)** ____________________________

Insurance Company :____ **ID number :**_________________________________

Medical history (Please use back of this sheet if necessary) **Date of last tetanus booster :**___________
Is the participant under the care of a provider for a medical and/or psychological problem? NO YES
*If yes, please explain:*____

Is the participant taking medication prescribed by a health care provider? NO YES
*If yes, please explain:*____

ALLERGIES ⇒ If yes, please list the allergy and provide additional information if necessary.

Insect bites/stings	**NO**	**YES**	______________________________
Medications	**NO**	**YES**	______________________________
Food	**NO**	**YES**	______________________________
Other	**NO**	**YES**	______________________________

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless the FSI California, and their members officers, agents, employees, and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising form my child's participation in the soccer camp activities.

CONSENT FOR TREATMENT: I hereby give my permission to a camp certified athletic trainer to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for soccer camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

PHYSICAL EXAMINATION WITHIN ONE YEAR: I certify that within the past 12 months my child has had a physical examination by a physician and that he/she is physically able to participate in the sports camp activities.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camp activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

IMPORTANT: MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THESE TERMS

PRINT NAME:____ **DATE:**____________________

SIGNATURE:

RELATIONSHIP TO PARTICIPANT:____

ADDITIONAL INFORMATION: