

**PLAYMAKERS
EMERGENCY CONTACT/HEALTH INSURANCE
INFORMATION**

(Please Print)

Participant's Name _____

Date of Birth _____ Age _____

Address _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACTS

Contact's Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Contact's Name _____ Relationship _____

Home Phone _____ Cell Phone _____

HEALTH INCURANCE

Private Insurance _____ MediCal _____ Other _____

Insurance Company Name _____

Policy Number _____ Group Number _____

Policy Holder's Name _____

Family Doctor _____

City _____ Phone _____

HEALTH HISTORY

Do you have any pre-existing or present medical conditions? If yes, please explain

Please give the name and dosage of any medication you are currently taking and any medications you have taken in the last 6 months

Do you have any allergies? If yes, what are they?

Please check any or all that apply:

Hay Fever	_____	Heart Condition	_____
Insect Bites	_____	Epilepsy	_____
Asthma	_____	Nervous Disorders	_____
Diabetes	_____	Physical Handicap	_____
Other	_____		

If any of the above are checked, please give details and include an explanation of your treatment and if you've had any allergic reaction to the treatment

Have you had any major illness in the past year? If yes, please give explanation:

Date of last tetanus shot? _____ Do you wear contact lenses? _____

Do you have any activity restrictions that would prevent you from fully participating in camp? If yes, please explain:

**PLAYMAKERS
MEDICAL & LIABILITY RELEASE STATEMENT**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person(s) listed as emergency contact(s) for this child. If my child/ward is injured during the activity dates shown on this form and I cannot be reached. I hereby give my permission for the coaching staff of Playmakers and Oak Hills Church to seek immediate medical care. I also give the physician and/or dentist permission to begin medical treatment immediately.

I understand that extreme safety precautions will be taken at all times by Playmakers coaching staff and its agents during Youth Football Camp. I understand the possibility of unforeseen hazards and know that there are inherent risks involved for participants attending football camp. I agree **NOT** to hold Playmakers/Oak Hills Church coaching staff its leaders, employees or volunteers financially liable for damages or injuries incurred by the athlete whose parent/guardian signs this form. I agree **NOT** to hold Playmakers/Oak Hills or other location, their employees and volunteers liable for any damages, losses or injuries incurred by the athlete whose parent/guardian signs this form. I understand that I am financially responsible for my child/ward's medical care should it be required.

SIGNATURE: _____

(Signature of Parent/guardian required if participant is under age of 18)

DATE _____