

LIGHTNING SOCCER MEDICAL/RELEASE FORM 2009

ONE FORM FOR EACH WEEK OF CAMP ATTENDED. PLEASE PHOTOCOPY IF NECESSARY. [March/09]



Please circle the camp(s) you will be attending: **Pingree School** July 13-17
Tufts University April 20-24, July 13-17, July 20-24
Shore Country Day July 20-24
Malden Catholic July 13-16
Curry College August 2-6, August 9-13
Worcester Academy August 9-13

Other (write-in) _____

Camper's Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____ Grade: _____ Age: _____

Parents' Names and Phone Numbers During Camp Hours:

Mother: _____ Phone: _____ Father: _____ Phone: _____

Emergency Contact: _____ Phone: _____

HEALTH HISTORY: (Circle any that apply)

| | | | |
|--|----------------|------------------|----------------------------------|
| Chickenpox | Mumps | Earaches | Seizures |
| Ivy, oak allergies | Heart problems | Glasses/Contacts | Diabetes |
| Drug allergy (specify) | | Sinus problems | Food allergy (specify) |
| Documented Chicken Pox/Varicella Vaccine | | | Environmental/Seasonal Allergies |
| Asthma/Reactive Airway Disease | | | Bee/hornet sting allergy |

Detail any of the above: _____

Medications being taken (name and explain): _____

Operations, injuries, special restrictions (give dates): _____

IMMUNIZATIONS:

Date:

Booster:

| | | |
|-------------|-------|-------|
| Diphtheria | _____ | _____ |
| Tetanus | _____ | _____ |
| Pertussis | _____ | _____ |
| Polio | _____ | _____ |
| Measles | _____ | _____ |
| Mumps | _____ | _____ |
| Rubella | _____ | _____ |
| Hepatitis B | _____ | _____ |

Date of last physical examination (must be within last 24 months): _____

I certify that the above medical information is complete and accurate.

Physician Signature: _____ Print Name: _____

Address: _____

CONSENT FOR MEDICAL TREATMENT [Minor]

As Parent or Legal Guardian of _____ I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well-being of my dependent.

I understand that the directors & coaches of Lightning Soccer NE Inc, or anyone associated with either The Pingree School, Tufts University, Curry College, Shore Country Day, or any other site used by Lightning Soccer NE Inc, its trustees, agents and officers, will not assume responsibility for accidents & medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgement in any emergency requiring medical attention. I will hold harmless Lightning Soccer NE Inc, The Pingree School, Tufts University, Curry College, Shore Country Day, or any other site used by Lightning Soccer NE Inc, its trustees, agents and officers of any and all liability actions, causes of action, claims & demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities.

Parent or Guardian Signature: _____ Date: _____

Family Health Insurance Company & Policy # _____

(Required for ALL campers before being accepted to camp)