

Soccer Academies, Inc. - www.SoccerAcademies.org

PERSONAL HEALTH QUESTIONNAIRE

**PLEASE CIRCLE CAMP/S*

College ID Camp Spring Break Academy Day Academy I Day Academy II Residential Academy I Residential Academy II

Campers Name: _____ Date of Birth: _____ Age: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Emergency Telephone Number: (____) _____

Parent(s)/Guardians Name(s): _____

Person to contact (other than your parent(s) or guardian(s) in an Emergency). Please include their phone number:

Health Insurance Company: _____

Health Insurance Number: _____ Group Number: _____

Family Doctors Name: _____ Phone Number: (____) _____

Please list any ALLERGIES you may have: _____

Please list any recent INJURIES which have occurred in the last six months: _____

Please list any MEDICATION you may take on a regular basis: _____

Do you suffer from ASTHMA? ____ Yes ____ No Do you wear CONTACT LENSES? ____ Yes ____ No

Do you have any other MEDICAL CONDITIONS that our trainer needs to know about? _____

NOTE: Soccer Academies reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the week by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at Soccer Academies. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENT: I verify that my child has been checked by a licensed physician prior to coming to Soccer Academies and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the Soccer Academies. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless Soccer Academies of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature _____

Date _____

socceracademies@gmail.com - PO Box 123, Hanover, NH 03755