



SOCCER CAMP REGISTRATION FORM

July 12 – 16, 2010

Camper Info

Camper Name: _____ Sex: M F

Address: _____

City: _____ Province: _____ PC: _____

Parent/Guardian _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Birthday: _____ Age: _____ Grade next fall: _____

Present School: _____

Camp Info

Camp Date[s]: **July 12 – 16, 2010**

Camp Location: McLeod Field & Steele Heights Baptist Church 5812-149 Avenue

Camp Hosts: North Edmonton Alliance Church & Steele Heights Baptist Church

T-Shirt Size: Youth: M L XL Adult: S M L

Payment

Total Cost: _____

Amount Enclosed: _____

Remaining Balance: _____

I am paying by: _____ Cheque Cash

HEALTH FORM

Personal information:

Athlete's Name: _____

(Last name)

(Given Name)

(Middle Initial)

Address: _____

Date of Birth: M/D/Y _____

Date of Tetanus Booster: M/D/Y _____

Male: _____ Female: _____

Medical information:

Alberta Health Care #: _____

Family Physician: _____ Phone: _____

Next of Kin: _____ Phone: (day) _____ (night) _____

In case of emergency

Please notify: _____ Phone: (day) _____ (night) _____

Medical History:

Have you ever had or do you now have:

	Yes	No		Yes	No
Head Injury	_____	_____	Chest Pains	_____	_____
Seizures	_____	_____	Heart Problems	_____	_____
Neck/Back Disorder	_____	_____	Ulcers	_____	_____
Fainting Spells	_____	_____	Bowel Problems	_____	_____
Psychiatric Disorder	_____	_____	Urinary Problems	_____	_____
Eye Problems	_____	_____	Kidney Problems	_____	_____
Glasses/Contacts	_____	_____	Menstrual Problems	_____	_____
Nose Bleeds	_____	_____	Eating Disorders	_____	_____
Dental Problems	_____	_____	Diabetes	_____	_____
Deafness/Ear Problems	_____	_____	Blood Transfusions	_____	_____
Asthma	_____	_____	Hepatitis	_____	_____
Thyroid Disorder	_____	_____			

Recent within one year:	Yes	No
Infectious Disease	_____	_____
Head Injury	_____	_____
Major Surgery	_____	_____
Traumatic or Overuse Injury	_____	_____

Allergies (specify) _____

Fractures (specify) _____

Operations (specify) _____

List any other health problems/relevant information or explain any of the conditions marked yes: _____

Medications currently being used:

Prescribed: _____

Date completed: _____ Date(s) updated: _____

Non-prescribed: _____

Signature of Parent/Guardian: _____

Protecting your personal information:

Your child’s health information is collected in case of a health emergency and to ensure the safety and well-being of each person involved in our camp. This information will only be seen by our camp staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

Medical and Photography Authorization:

I hereby authorize the staff of the soccer camp program at Steele Heights Baptist Church to make any and all decisions regarding the emergency treatment of my child. I also understand they retain the right to use for publicity and advertising purposes, photographs of campers taken at camp.

I _____ Parent/Guardian have read, understand, and agree with the above and hereby release and discharge all parties associated with this camp form any and all claims, demands, actions, and causes of action that my child incurs.

Signature: (Parent/Guardian) _____

Date: _____