

**Sports Camp
Participation Physical and Permission Form**

Name _____ Sports Camp _____

Age _____ Sex _____ Grade _____ D.O.B. _____ Phone # _____

Address _____

Emergency Contact Information: Name _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____ Other Contact _____

Insurance Information
Company Name _____ Policy/ID #'s _____

Address _____ Phone _____ Name of Insured _____

Please list any Allergies _____

Please list any current medications _____

Please circle **yes** or **no** to the following questions

Please explain any yes answers in the space below

Explain yes answers

Have you an injury or illness within the last year? yes no

Have you been hospitalized within the last year? yes no

Have you had surgery in the last year? yes no

Have you suffered a head injury or have knocked
unconscious in the last year yes no

Do you currently suffer from headaches yes no

Have you ever suffered a concussion yes no

Do you suffer from asthma yes no

Are you currently using an inhaler yes no

Have you ever suffered a neck injury yes no

Have you ever suffered from heat illness yes no

Do you currently wear glasses or contacts yes no

Date of last athletic physical _____

Date of Tetanus _____

I /We, the undersigned, hereby certify that I/ (we) am (are) the parent or legal guardian of the above stated camper and give permission for the staff of the Purple Dog Soccer Camp/Clinic to seek out appropriate medical attention, in the event of accident, illness, or injury for the duration of the camp. I understand that I will be responsible for any and all medical costs, including emergency treatment, surgeries, x-rays and any necessary follow up care.

I / We, the undersigned, waive, release and discharge Purple Dog Soccer Camp/Clinic, James Madison University and any of its employees from any and all liabilities, claims, demands and or causes, that may be sustained or caused by the above individuals attendance and participation in the Purple Dog Soccer Camp/Clinic.

CAMPER'S NAME _____

SIGNATURE _____

(Parent or Guardian)

DATE _____