

ALABAMA GOLF CAMPS HEALTH FORM

Bring to check-in - you will NOT be admitted to camp without this form, completed and signed!

Please select which camp you are attending:

Full-Day Camp (June 20-23, 2011)
 Mini-Day Camp (June 20-23, 2011)
 Girls Golf Academy (June 25-29, 2011)

CHILD'S FULL NAME: _____

STREET ADDRESS: _____

GENDER: Male Female

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____

HOME PHONE: () _____

HEIGHT: _____ WEIGHT: _____

PARENT WORK PHONE: () _____

PARENT EMAIL: _____

ADDITIONAL PHONE NUMBER(S) TO REACH PARENT(S): _____

CONTACT PERSON/NUMBER IN EVENT PARENT CANNOT BE REACHED: _____

HEALTH & GENERAL HISTORY

- 1) Should camper be restricted from any activity? Yes No
If yes, please note type of activity: _____
- 2) Will the camper be taking medication during camp? Yes No
If yes, please indicate name of drug and dosage: _____
- 3) Please identify any medical condition or medical history that would require special attention: _____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Golf Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Signed: _____ Date: _____

Please check those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma
 Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS	YES	NO	DATE	ALLERGIES	YES	NO	COMMENTS	DRUG REACTIONS	YES	NO
COMMENTS										
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sulfa	<input type="checkbox"/>	<input type="checkbox"/>
Polio Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculin Test	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	_____	Antibiotics (type)	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____	Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other			_____	Other		
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other			_____	Other		

Physician's Name: _____ Telephone: () _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I understand that The Mic Potter Golf Schools retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____ Date: _____