



**SPORTS
ACADEMY**

STRENGTH THROUGH SPORTS

215-896-0810 • www.calsportsacademy.com

Camp Registration

Health Care/Emergency Information

Date: _____

General Information

NAME OF YOUTH: _____

Date of Birth: ____/____/____
Last First MI Age: ____ Gender: M F Height: ____ Weight: ____

Address: _____ - ____ City _____ State: ____ Zip: _____

Name of Parent/Guardian: _____

Home Phone: (____) _____

Parent/Guardian Alternate Phone:

Guardian 1 Cell: (____) _____ Work: (____) _____

Guardian 2 Cell: (____) _____ Work: (____) _____

Emergency Phone (if different from above) (____) _____ Relationship _____

Physician and Health Insurance Information

Family Physician: _____ Phone: (____) _____

Family Medical/Hospitalization Insurance:

Company: _____

Policy ID #: _____ Policy/Group #: _____

Illness and Injuries

Is youth currently under a physician's care for a medical problem? No / Yes

(describe) _____

Since youth's last health exam, has he/she had: *(Please explain below section.)*

____ A serious injury requiring medical attention?

____ A surgical operation or fracture?

____ A diagnosed infectious/communicable disease?

____ Medication prescribed by a physician?

____ A physician's restriction from participating in any school/camp physical activity?

____ Any current or ongoing treatment or medications?

Allergies

Please list and explain any allergies and describe any treatment if necessary:

CAL Sports Academy Disclosure and Assumption of Risk

Programs conducted by CAL Sports Academy include a variety of activities some of which are physical in nature. The level of participation in any activity is completely up to each individual participant AT ALL TIMES. CAL Sports Academy is committed to SAFETY FIRST, however, there are risks, which must be assumed by each participant that he or she may suffer an emotional or physical injury. As a result, we must ask you to read the following statement and sign your name in the space provided if you choose to participate in the program activity. "I understand that parts of this program will involve physical activity and that I have the choice in deciding my level of participation and I assume responsibility for my choices. I have completed the medical information section in this document and have not omitted disclosure that bears upon my fitness to participate in activities. It is my understanding that my medical information is strictly confidential and will only be reviewed by CAL Sports Academy personnel. I will hold harmless CAL Sports Academy, from and charge, claim, or cause of action brought against them as a result of personal injury to the participant."

I also give my permission for any photos or video taping of myself or my child, be used or reproduced by CAL Sports Academy for advertising purposes.

Date: _____ Participant's name: _____

Signature *(if under 18, parent or guardian must sign)*: _____