

Nice Guys Finish First, LLC DBA Northshore Soccer Camps "Chicagoland's Best Soccer Camp"

NU SOCCER CAMPS MEDICAL FORM (see additional 2nd Covid release)

Camper's Name: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

If the parents/guardians cannot be reached, who should be contacted?

Contact Person: _____

Relationship: _____

Phone Number: _____

Medical Information:

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	<u>NO</u>	<u>YES</u>	<u>Specific Information</u>
Heart Murmurs	___	___	_____
Irregular Pulse	___	___	_____
Dizziness/Fainting	___	___	_____
Nose Bleeds	___	___	_____
Diabetes	___	___	_____
Epilepsy	___	___	_____
Neurological	___	___	_____
Headaches	___	___	_____
Asthma	___	___	_____
Inhalers (types)	___	___	_____
Heat Exhaustion	___	___	_____
Heat Stroke	___	___	_____
Heat Cramps	___	___	_____
Fractures	___	___	_____
Muscle Injuries	___	___	_____
Chicken Pox	___	___	_____
Allergies	___	___	_____

Rx Medications (medication, dosage, indications, physician's name):

Have you ever sustained a head or spinal injury? Have you ever lost consciousness? If yes, please explain injury and cause of injury: _____

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Do you have any other medical problems that could interfere with full participation in physical activities? If yes, please explain:

Physical Information

Vaccinations (please give dates of administration)

T/Booster _____ Measles _____ Mumps _____ Rubella _____ Covid _____ (Optional)

This is to certify that _____ has been examined by a physician within the past year, and that he was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Parent/Guardian Signature

Insurance Information: (Please enclose a copy of your insurance card)

Policy Holder _____ SS# _____

Policy Holder DOB _____ Relation to Child _____

Name of group employer _____

Insurance Company _____

Claim Office Address _____

Claim Office Telephone # _____

Policy # _____ Insurance ID # _____

Group # _____

Policy Holder Signature _____ Date _____

I hereby authorize the directors and medical staff of NU Soccer Camps to act for me according to their best judgment in any emergency requiring medical attention. I understand that first aid procedures will be rendered by the medical staff, and campers will be transported to Evanston Hospital (Day Camp) Lake Forest Medical Center (Residential) if necessary. I hereby waive and release Nice Guys Finish First, LLC DBA Northshore United Soccer Camps and staff for liabilities relation to injury, illness, or expenses incurred. I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I have read the rules and regulations of camp and both camper and I agree to abide by them.

Parent/Guardian _____

Parent/Guardian Signature _____

Date _____