Please return all forms to: **Peak Performance Soccer | PO Box 2234 | Methuen, MA 01844**

Session: _____ *(office use only)*

PPA Health and Release Form

Campers Name: Date of Birth:
Home Address:
Phone Number:
Parent's Names and Cell Phones:
Emergency Contact's Names and Cell Phones:

Allergies/Drug Reaction: n/a **Current Medications to be administered while at camp(w/instructions): n/a**

Aspirin: _____
Penicillin: _____
Sulfa:
Bee Stings:
If YES, does he/she carry and Epi Pen:___
FOOD ALLERGIES: Epilepsy:
_____
_____
Other:_____

Health History

Asthma: Diabetes:
Heart problems:
Head Injuries: Mono:
Orthopedic injuries (within past six months):
_____

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

Included

Insurance Company Name: Policy Holder:
Policy Number: Group Number:
Insurance Co. Address and Phone #:

I certify that I have reviewed the medical history and status of the above person, and certify that he/she has no medical problems that restrict him/her from participation in vigorous physical activity while at Peak Performance Soccer Academy.

Physician's Name: _____ Phone #
Physician's Signature: _____ Date: _____

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 hereby waive and release Peak Performance Soccer Academy and Staff from any liability for any injury or illness incurred while at camp. I understand that there is a risk of injury to the named camper as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance coverage shall be the insurance coverage for any medical treatment. I have read the rules and regulations of camp and both camper and I agree to abide by them.

Parent/Guardian Name:

Parent/Guardian Signature: