

PROformance Soccer

MEDICAL FORM – REQUIRED FOR ALL CAMPERS
Please Complete and Submit Medical Form by June 1st

Program Enrolled For (Date & Location): _____

Player's Name: _____ DOB: _____ Sex: _____

Mother/Legal Guardian: _____ Phone (During Camp Hours): _____

Father/Legal Guardian: _____ Phone (During Camp Hours): _____

Emergency Contact(s): _____ Phone(s): _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Camper's Physician Name: _____ Physician's Phone: _____

HEALTH & GENERAL HISTORY

Should any activities be restricted? (If so provide details): _____

If the camper will be taking medication during camp, please indicate name of drug and dosage (additional forms required):

Indicate any medical condition or medical history that would require special attention:

CONSENT FOR MEDICAL TREATMENT FOR A MINOR (one form per child)

As parent or legal guardian of, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent. "I understand that the directors and coaches of the PROformance Soccer Academy (formerly Shalrie Joseph Soccer Academy LLC.) or anyone associated with the sites we run our camps at, its trustee, agents and officers, will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgment in any emergency requiring medical attention. I will hold harmless PROformance Soccer Academy, any site used by PROformance Soccer Academy, it's trustees, agents and officers of any and all liability actions, causes of action, and/or claims and demands of every kind and nature whatsoever which may arise in connection either with, or resulting from participation in any of its activities."

Parent or Guardian Signature: _____ Date: _____

A medical examination form, including a certificate of immunization and a health history, filled out by your child's licensed physician, must accompany this form. This examination must have been performed within 24 months prior to camp. Please make sure the form includes all of your child's up-to-date immunizations and is signed by your child's doctor. If your child's physician does not have a standard camp medical form they issue – please see the page below.

All required documents can be faxed, emailed, or mailed to the PROformance Soccer Academy. If you have any questions please call (508) 479-7390.

Fax: 508-203-5178 Email: proformancesoccer@gmail.com Mail: PSA, PO BOX 697, Dover, MA, 02030

Standard Pediatric Health Form

Camper Name: _____ DOB: _____ Sex: _____

Physician's Name: _____ Phone: _____

Health History:

Allergies (type and medication taken): _____

Operations or Serious Injuries (dates): _____

Chronic or Recurring Illness (asthma included): _____

Please note any health complaints or impairments which may affect participation in camp activities:

Are there any specific activities to be restricted: _____

Immunizations (Date and # of Boosters):

Diphtheria: _____

Tetanus: _____

Pertussis: _____

Polio: _____

Measles: _____

Mumps: _____

Rubella: _____

Hepatitis B: _____

Date of last physical examination (must be within last 24 months of the start of camp): _____

I certify that the above medical information is complete and accurate.

Physician Signature: _____ Print Name: _____