



DATES OF REQUIRED IMMUNIZATIONS: MONTH/YEAR or "up-to-date"

Diphtheria/Tetanus: \_\_\_\_\_

Rubella (2 doses required): \_\_\_\_\_

Mumps or MMR (2 doses required): \_\_\_\_\_

1. I hereby certify that \_\_\_\_\_ has had a physical examination within the past year, is in good physical health, may participate in all camp activities, and that the above health history and immunization data are complete and accurate.

2. I hereby consent to emergency medical treatment by assigned certified trainer at the Brian Young Soccer Camp and appoint the camp director to act in my behalf in authorizing emergency medical attention beyond that is maintained by the certified camp trainer. I hereby waive and release the Brian Young Soccer Camp, its affiliates, Warwick Fire Fighters Soccer Club, and the Athletic Trainer, or any on-site camp personnel from any and all liability for injuries incurred while at the camp or arising from travel to or from camp. Campers will be responsible for medical costs and damages caused by camper. I also give the Brian Young Soccer Camp permission to use, at their discretion, any camp photos for promotional use.

Parent or Guardian: \_\_\_\_\_  
Signature Date

Person to notify in emergency: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business or Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Identification or Subscriber Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_