

MCDAVITT SPORTS, Inc.
MEDICAL HISTORY AND RELEASE FORM

*You will not be admitted to camp without this form

Camp Session: I: McWeebles July 23 - 26 II: July 27 - 29 III: August 11 & 12

Camper's Name: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

Address: _____ City: _____ State: _____

Health History:

If the camper should be restricted from any activity, please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history, which would require special attention:

Has the camper had any of the following? Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, or Pneumonia.

If yes to any please circle and explain: _____

Allergies: Yes/No If yes, please explain: _____

Drug Reactions: Yes/No If yes, please explain: _____

****PLEASE ATTACH MOST RECENT PHYSICAL WITH DOCTOR'S SIGNATURE****

INSURANCE INFORMATION:

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Waiver and Indemnity Form:

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and signed by the parent/guardian. I certify that my child is in excellent health and may participate in strenuous and hazardous physical activities, including the field hockey to be played at camp. I certify that there are NO physical limits to my child's participation in camp. Permission is granted for my child to receive emergency medical treatment if necessary. I hereby release, Tufts University and McDavitt Sports, Inc, and all their agents, employees, and affiliates from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or loss suffered by my child in connection with participation in all camp activities including, but not limited to field hockey related activities.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone #: _____