

# Soccer Academies, Inc. - www.SoccerAcademies.org

## PERSONAL HEALTH QUESTIONNAIRE

Spring Break Academy

Day Academy

Boys Residential Academy I

Boys Residential Academy II

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardians Name(s): \_\_\_\_\_

Person to contact (other than your parent(s) or guardian(s) in an Emergency). Please include their phone number:

\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Doctors Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please list any ALLERGIES you may have: \_\_\_\_\_

Please list any recent INJURIES which have occurred in the last six months: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any MEDICATION you may take on a regular basis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from ASTHMA? \_\_\_\_ Yes \_\_\_\_ No      Do you wear CONTACT LENSES? \_\_\_\_ Yes \_\_\_\_ No

Do you have any other MEDICAL CONDITIONS that our trainer needs to know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Soccer Academies reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the week by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at Soccer Academies. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

**PARENT'S/GUARDIAN'S ACKNOWLEDGEMENT:** I verify that my child has been checked by a licensed physician prior to coming to Soccer Academies and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the Soccer Academies. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless Soccer Academies of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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