## CHEERLEADING CAMP PARTICIPANT HEALTH FORM

NCA CHEERLEADING CAMP AT HUSSON

DEDCONAL INCODMATION.	Circle sees	ion attending: 1	2 3
PERSONAL INFORMATION: Name:		ion attending: 1	-
Last	First M		( <b>Please</b> do not abbreviate)
Mailing Address: Street or P.O	Box:		
_			
City/Town:		State: _	Zip:
*** E-mail address:			
Grade entering in Fall:	Age:	Birthdate:	Sex: M F
EMERGENCY CONTACT:			
Parent #1:Email:			
Cell phone: Work phone:			
Parent # 2			
Cell phone:	_ Home phone:	Woi	rk phone:
Other contact name/relationship: _		Pho	ne:
MEDICAL INFORMATION:	Date, or scheduled	date of physical examin	ation: Month Year:
	•	physicals acceptable, but	
Family Physician:		Pho	ne:
Please list any serious injuries, chronic or recurring illnesses, allergies, diseases, and/or other problems or			
conditions that we should be aware of:			
Please note any medication camper is taking:			
Special instructions or procedures to follow in relation to any of the above mentioned conditions:			
<b>INSURANCE INFORMATION:</b> Each camp enrollee must provide his/her own accident insurance coverage.			
Please indicate your insurance company and policy number below. If you have no insurance, write "NONE".			
*** Insurance Company:		Group/l	Policy #
LIADILITY O CONCENT CTAT	FAAFAIT.		
RELEASE OF LIABILITY: In case of		v. I understand every at	tempt will be made to reach the
RELEASE OF LIABILITY: In case of medical emergency, I understand every attempt will be made to reach the indicated contact person. If they cannot be reached, I hereby give my permission to the physician selected by			
the Camp Representative to hospitalize and secure medical treatment for me should I be unable to do so			
myself. I agree to accept responsil	oility for any associa	ited medical bills.	
CONSENT STATEMENT: The person enrolling at the NCA Cheerleading Camp at Husson understands that			
there are certain inherent dangers related to cheerleading participation and therefore, agrees to hold Husson University, NCA, Tami Campbell and the camp employees harmless and specifically agree not to make any			

a normal risk associated with participation in cheerleading activity.

\*\*Signature of Parent/Guardian: X \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

claim against the NCA Cheerleading Camp at Husson for any of these injuries which would be considered to be