



EASTERN FIELD HOCKEY CAMP 2010 MEDICAL HEALTH HISTORY

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State/Zip: _____

Camper's Cell: _____

Adult Home: _____ Adult Work: _____ Adult Cell: _____

Camper's E-mail: _____ Adult Email (Mandatory) _____

EMERGENCY CONTACT: _____ Relationship: _____

DAY PHONE: _____ NIGHT PHONE: _____ CELL: _____

Have you had any of the following in the past year?

Surgery: Asthma: Shortness of Breath/Fainting: Ear infection/Dizziness: Convulsions/Seizures:

Fractures/Severe Pain: Heart Trouble/Murmur: Severe/Frequent Headaches:

Please Describe Details: _____

Are you taking any prescription/non-prescription drugs? _____ Name of Medication: _____

Do you have any drug allergies? _____ If yes, what? _____

Other allergies? _____ If yes, what? _____

Personal Physician: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Expiration Date: _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT:

I hereby release and discharge EASTERN FIELD HOCKEY CAMP, UNITED SPORTS TRAINING CENTER ("USTC"), its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator during her stay at camp and visit to United Sports Training Center, including the rock wall and inflatables.

I give my permission for my daughter to leave the Hill School campus in Pottstown, PA and to be transported by bus to the UNITED SPORTS Training Center in Downingtown, PA for a training session and tournament on artificial turf.

I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I authorize Eastern Field Hockey Camp, USTC, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge Eastern Field Hockey, USTC, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant permission for EASTERN FIELD HOCKEY CAMP; USTC; DTG Enterprises, LLC; and Pottstown Hospital, to administer proper treatment for this registrant.

I certify that the participant is in good health and able to participate in all camp activities.

I give permission to use my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon EASTERN FIELD HOCKEY CAMP and/ or USTC for reimbursement for use of this material.

Signature: _____

Date: _____