

Cal South ODP Camps Player Medical Release and Questionnaire

Player's Name _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP _____

Mother's Name _____ Phone # _____ Alternate Phone # _____

Father's Name _____ Phone # _____ Alternate Phone # _____

Third Contact _____ Phone # _____ Alternate Phone # _____

Please list any medical conditions of which we should be aware, such as:

Allergies to medication, insect bites, food, etc. _____

Does your child have asthma? Yes No Date of last tetanus shot: _____

Is your child recovering from surgery or any injury that would not allow him/her to participate in strenuous activity? Yes No

If yes, please provide a brief description of injury/condition. Please attach a second page if necessary.

Medical and/or Hospital Contact _____ Phone # _____ Alternate Phone # _____

INSURANCE INFORMATION

If insured, complete the insurance section below, and it is mandatory that you attach a copy of your insurance card to your completed form. If you do not have a primary insurance provider, Cal South's coverage becomes your primary insurance while at camp. For more information, please go to www.calsouth.com/insurance.

Is your child covered by insurance? Yes No _____
Insurance Company Name

Policyholder's Name _____ Policy Number _____

The questions above have been answered completely and truthfully to the best of my knowledge.

Parent Signature _____ Date _____

BRING THIS COMPLETED FORM AND A COPY OF YOUR MEDICAL INSURANCE CARD (IF INSURED) TO CAMP CHECK-IN