SILICON VALLEY GOLF
PERFORMANCE CENTER

HEALTH INFORMATION

CAMPER'S NAME_____

CAMP LOCATION _____**CAMP DATES** _____

Sex: _____ **Birthday:** _____ **Age:** _____ **Weight:** _____ **Height:** _____

Address _____**City** _____

State _____ **Zip** _____

Home Phone (_____**)**_____ **Work Phone (**_____**)**_____

Cell Phone (_____**)**_____

E-Mail _____

Person to contact in the event I cannot be reached: _____

Phone number of emergency contact person (_____**)** _____

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, allergies or medical history that would require special attention:

_____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Signed: _____

Date:_____

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HEALTH INSURANCE INFORMATION

Physician's Name: _____

Telephone (_____)_____

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)

_____Please initial if you DO NOT want your child to receive over the counter medications.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____

Date: _____