

North Carolina Girls' Soccer Camp Medical/Insurance Form

CAMP ATTENDING: Day Camp - June
(Circle One) Junior Elite – June Junior Elite – July
Junior Elite Goalkeeper – June Junior Elite Goalkeeper – July
College Bound – June College Bound – July
College Bound Goalkeeper – June College Bound Goalkeeper - July

Camper _____
LAST NAME FIRST NAME

Parents _____
LAST NAME FIRST NAME

Address _____
STREET CITY & STATE

Emergency Phone Numbers _____

HEALTH INSURANCE INFORMATION

Company _____

Policy Number _____

STATEMENT FROM PHYSICIAN

I certify that this camper is physically able to participate in soccer camp without restrictions:

Physician's Printed Name Physician's Signature

Please list any medical problems of which the camp staff should be aware:

Date of last tetanus shot _____

Note: You can have a physician sign this form OR you can attach a current physical (within the past year) attached to this form (complete the insurance part at the top).