

ROB RYERSON SOCCER CAMP
MEDICAL HISTORY/INFO FORM

Camper Name: _____

ROOMATE REQUEST: _____

2019 Form – Please Complete

Medical Information:

As a participant in a program run by the Rob Ryerson Soccer Network Inc., my child is in good health and has my permission to participate in all camp activities. In case of an emergency, I grant permission for my child to be given treatment at a local hospital. The Rob Ryerson Soccer Network, Inc. assumes no responsibility and will not be held liable for any accident resulting in medical, dental, or other expenses.

Parents Signature: _____

Parent's Name: _____

Emergency Phone Number: _____

Insurance Company's Name: _____

Insurance Policy Number: _____

Date of most recent tetanus shot: _____

Name of the school your child attends: _____

Medical History

Are there any of the following issues of concern. If so, please explain.

_____ Medical Issues: _____

_____ Psychological Issues: _____

_____ Psychiatric Issues: _____

_____ Medication Issues: _____

Please complete and mail to the address below:
Rob Ryerson Soccer Camp, PO BOX 1183 Columbia, MD 21044
Or email to ryersonsoccer@comcast.net prior to camp