Milwaukee Soccer Academy

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE CAMP BY EMAIL AT nikolic@uwp.edu OR BY PHONE AT (414) 395-KICK.

HEALTH HISTORY QUESTIONNAIRE

Which Camp Session: _____

Participant: _____
Last First Middle Initial

Home Address: _____
Street City State Zip

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____
Area Code + Number Area Code + Number

Address (if different from above): _____
Street City State Zip

In case of an emergency or illness, if you are unable to be contacted, whom shall we notify?:

Name: _____ Relationship: _____

Address: _____ Phone: _____
Street City State Zip Area Code + Number

Name of Physician: _____ Phone: _____
Area Code + Number

Name of Insurance Co.: _____ Policy #: _____

Has the participant ever suffered from, or are they currently experiencing, any of the following:

	YES	*NO*		*YES*	*NO*		*YES*	*NO*
Allergies	☐	☐	**High Blood Pressure**	☐	☐	**Hernia Ulcer**	☐	☐
Asthma	☐	☐	**Joint Injury/Surgery**	☐	☐	**Bleeding**	☐	☐
Cancer	☐	☐	**Menstrual Difficulties**	☐	☐	**Colitis**	☐	☐
Diabetes	☐	☐	**Neck/Back Pain Injury**	☐	☐	**Epilepsy/Seizure**	☐	☐
Rheumatic Fever	☐	☐	**Blackouts**	☐	☐	**Heart Disease**	☐	☐
Tuberculosis	☐	☐	**Kidney Disease Disorder**	☐	☐	**Mental/EmotionalProblem**	☐	☐

Other:

IMMUNIZATION RECORD:
Please Circle Answers

MMR (Measles, Mumps, Rubella)	Dose 1	YES	NO
	Dose 2	YES	NO
Tetanus-Diphtheria		YES	NO

Year of last Tetanus Booster (must be within last 10 yrs.) _____

Has the participant ever had major surgery or been hospitalized? YES NO
Please explain any significant operations, accidents or illnesses, and last medical attention and the reason:

_____

Does the participant have any physical conditions requiring special considerations? Explain.

_____

CONSENT FOR MEDICATION ADMINISTRATION:

Please mail completed form to PO Box 5229, Evanston, IL 60204 or scan & email to nikolic@uwp.edu

Milwaukee Soccer Academy

To the Parent(s) or Legal Guardian(s): If your son, daughter or ward will be under the age of 18 while at the Milwaukee Soccer Academy, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be administered by the Camp Health Supervisor.
All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below.

- ❑ No medication has been brought to camp.
- ❑ I want the medication or medical devices self-administered (age 14 and above only).
- ❑ I want the medication or medical device administered by the the Camp Sports Medicine Staff.

However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward (e.g.,bee sting kits, inhalers).

Name of Medication(s): _____
Amount of Dosage to beTaken:_____ _____
How is Medication Taken? _____
Time(s) of Day to be Taken: _____
Name of Prescribing Doctor: _____
Doctor's Phone Number: _____
Special Instructions:_____ _____
_____ _____

_____ _____ Date:_____

Signature of participant (if 18 or older) Signature of Parent or Guardian (if Participant is under 18 years old)

CONSENT FOR MEDICAL TREATMENT:
To the Parent(s) or Legal Guardian(s): If your son, daughter or ward will be under 18 while at our camp, it is our policy to secure your consent for medical treatment. By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. By signing below you are stating that you are aware of and accept the risk inherent in the program activity.

_____ _____ Date:_____

Signature of participant (if 18 or older) Signature of Parent or Guardian (if Participant is under 18 years old)

ASSUMPTION OF RISKS:
I understand that physical activity related to the Sport Camp, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that Milwaukee Soccer Academy has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by Milwaukee Soccer Academy. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

_____ _____ Date:_____

Signature of participant (if 18 or older) Signature of Parent or Guardian (if Participant is under 18 years old)

HOLD HARMLESS, INDEMNITY AND RELEASE:
In consideration of permission for me to voluntarily participate in the Soccer Camp, today and on all future dates, I, for myself, my heirs, personal representatives or assigns**,** agree to defend, hold harmless, indemnify and release the Milwaukee Soccer Academy, Academy Directors and staff, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Milwaukee Soccer Academy, the Academy Directors and staff, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue**.

_____ _____ Date:_____

Signature of participant (if 18 or older) Signature of Parent or Guardian (if Participant is under 18 years old)

Please mail completed form to PO Box 5229, Evanston, IL 60204 or scan & email to nikolic@uwp.edu