

FRAN O'LEARY SOCCER CAMPS

Personal Health Questionnaire

___ **Elite Residential: July 25-29**

___ **Junior Residential: July 25-29**

___ **Full Day Camp: July 12-16**

___ **Half Day Camp: July 12-16**

Player's Name: _____

Age: _____ Address: _____

Town/City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____

Home Telephone: _____ Emergency Phone: _____

Parent(s)/Guardian(s) Name(s): _____

Person to contact (other than parent(s) or guardian(s) in case of emergency): _____

Please indicate their phone number: _____

Please attach a photocopy of your insurance card.

Family Doctor's Name: _____

Phone Number: _____

Please list any allergies you may have: _____

Please list any recent injuries which have occurred in the last six months: _____

Please list any Medications you may take on a regular basis: _____

Do you suffer from Asthma? _____ Yes _____ No

Do you wear contact lenses? _____ Yes _____ No

Do you have any medical conditions that our trainers need to know about? _____

Note: Fran O'Leary Soccer Camps reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the week by actively participating in a designed program, which simulates the type of physical exertion, which will occur at Fran O'Leary Soccer Camp. Stretching, aerobic and anaerobic training plus proper nutrition is essential.

Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

This form must be completed and returned along with a photocopy of your insurance card by July 1, 2010 (Participation in the Camp will not be allowed without a completed health form).

Please fill out and return to:

Fran O'Leary Soccer Camps
c/o Bowdoin College – Athletics
9000 College Station
Brunswick, ME 04011