CAMPER HEALTH & INFORMATION FORM
for Maryland SoccerPlex & SAM Soccer Camps

INSTRUCTIONS: Please fill out this form completely and accurately. Be sure to attach all required additional forms for medication and immunization verification (see instructions below). Forms are also available online at mdsoccerplex.org.

CIRCLE CAMP

Fun for All Summer Camp  Sports Meets the Arts Camp  SAM Soccer Camp
Soccer Tennis Camp  Soccer Fun for All Camp  Winter All-Sports Camp

CAMPER INFORMATION

Child’s Name ____________________________ Male ___ Female ___ Age ___ DOB ____________
Street Address ______________________________________________________________
City __________________________ State __________ ZIP _______________________

PARENT/GUARDIAN NAME ____________________________ PARENT/GUARDIAN NAME ____________________________
Home Phone ____________________________ Home Phone ____________________________
Cell Phone ____________________________ Cell Phone ____________________________
Daytime Phone ____________________________ Daytime Phone ____________________________

EMERGENCY CONTACTS
Please list two (2) emergency contacts, in case of emergency if parent/guardian is not reachable.
NOTE: Please remember to notify the persons you have listed as contacts.

Name __________________ Relation _______ Phone ____________________________
Name __________________ Relation _______ Phone ____________________________

CAMPER PICK-UP INFORMATION
My child may be released to the care of the following people (include yourself):

1. Parent/Guardian Name ____________________________ Phone (during camp hours) ____________
2. Name __________________ Relation _______ Phone (during camp hours) ____________
3. Name __________________ Relation _______ Phone (during camp hours) ____________
4. Name __________________ Relation _______ Phone (during camp hours) ____________

I release my child ____________________________ to the care of the individuals listed above. I understand that each authorized person must be at least sixteen (16) years old, and that my child will not be permitted to leave with anyone not listed above. These individuals must show identification and sign my child out each day.

My child ____________________________ has permission to walk home from camp. ______ NO ______ YES

Parent or Legal Guardian’s Signature ____________________________ Date ____________________________
CAMPER HEALTH & INFORMATION FORM (cont.) for ___________ Child’s Name

HEALTH INFORMATION

Insurance Company ____________________________

Policy #_____________________________________

Group #______________________________________

Child’s Physician: ____________________________ Phone: ____________________________

Does your child have health problems of any kind (including physical, psychiatric, and behavioral) of which we should be aware? ______ NO ______ YES If yes, please list and/or explain them here: ____________________________

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Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child’s camp experience is positive? _____ NO _____ YES

If yes, please list them and/or explain here: ____________________________

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If camper takes medication during camp hours or carries an epi-pen or asthma inhaler, you must fill out a Medication Administration Authorization form. All camp forms can be found at mdsoccerplex.org on the “Camps” page.

IMMUNIZATION INFORMATION

Does your child attend a State of Maryland Public or Private School? YES______ NO ______

1. If yes, please let us know that your child is up to date on required shots? YES______ NO ______

Is your child exempt from any immunizations? _________ NO_________ YES

If YES, list them: ____________________________

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2. If your child does not attend a State of Maryland Public or Private School, (i.e. attends school out of state or is home schooled) we need a copy of your child’s immunization records. Attach Department of Health form DHMH-896 (record of vaccination or immunity).

Parent or Legal Guardian’s Signature: ____________________________ Date: ____________