

FC Torjäger

Team Camp 2017 Medical Information

Player Name _____ DOB _____ AGE _____

Address _____ City _____ State _____ Zip _____

Emergency phone# _____

Medical Insurance Name _____ Policy# _____

Known Allergies _____ Asthma _____ Diabetes _____

List of all medications currently taking _____

Meals for the week will be \$50.00 _____

OR

Bring your own meals _____

(Campers will not be allowed to purchase food from the cafeteria).

For any reason your child has to leave campus we will require a written note from the parents.

I, undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at the AUM Soccer camp to secure any and all medical treatment in the event that I cannot be contacted.

I further authorize any attending physician to render any and all medical care which he/she may deem necessary.

I release the AUM Soccer Camp, and all their affiliated entities, and the Board of Trustees of Auburn University at Montgomery from any and all liability, claims, demands, causes of action for personal injury or loss suffered by my child in connection with participation in this camp.

I, undersigned parent or guardian also certify that my child is physically fit to attend the AUM Soccer Camp and participate in all camp activities.

Parent or Guardian Signature

Date