

**DO NOT MAIL!**

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**\*BRING TO REGISTRATON\*  
MIAMI UNIVERSITY SOCCER CAMP**

Please fill out this form **COMPLETELY**. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed if the participant has a major health problem. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants in almost every instance or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization allows us to go ahead with treatment in these circumstances. The local hospital or a member of the program's staff will continue to call until contact is made with the parent or guardian.

**MEDICAL HISTORY**

**PERSONAL INFORMATION** (Please Print)

Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male Female  
Last First Middle

Home Address: \_\_\_\_\_  
No. Street City State Zip Code

Phone: ( ) \_\_\_\_\_ Date of Birth: / / Age: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Name of parent or next of kin relationship

Address: \_\_\_\_\_  
No. Street City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Business Address of Parent or Next of Kin: \_\_\_\_\_

If unable to contact either of above, name & phone of another responsible person: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**FAMILY HISTORY**

Do you have a **family** history of: (Please Circle)

Diabetes Tuberculosis Cancer Heart Disease Kidney Disease Migraine

**PERSONAL HISTORY**

Immunization Record - Include Dates

DPT \_\_\_\_\_ Most Recent Tetanus Booster \_\_\_\_\_

MMR \_\_\_\_\_ Polio \_\_\_\_\_

TB Skin Test (Optional) \_\_\_\_\_ Have you had the chicken pox? \_\_\_\_\_

Allergies - particularly to medications - please list:

