



**OFFENSE-DEFENSE FOOTBALL CAMPS  
MEDICAL FORM**

This form must be completed and returned via MAIL ONLY and received by May 1, 2010. If you have a copy of the physical, fill out insurance information, sign, and attach a copy of a school/football physical dated not more than one year ago from the date of the last day of camp.

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Date of Exam \_\_\_\_\_ (Valid for 1 year)  
Please indicate which camp location attending: \_\_\_\_\_

**To be completed by physician or attach copy of school exam:**

Height \_\_\_\_\_ Appearance \_\_\_\_\_  
Weight \_\_\_\_\_ Skin \_\_\_\_\_  
B/P \_\_\_\_\_ Respiratory \_\_\_\_\_  
Pulse \_\_\_\_\_ Cardiac \_\_\_\_\_

Detail limitations, conditions, or regular medications (OTC or RX)  
\_\_\_\_\_  
\_\_\_\_\_

I have recently examined the above named camper and find him to be in good physical condition and fully able to participate in the activities of Offense-Defense Football Camps in 2010.

Medical Signature \_\_\_\_\_ Date \_\_\_\_\_

<u>INSURANCE</u>
Major Medical Insurance Company _____
Policy # _____ State _____
Holder _____

**IMMUNIZATION RECORDS REQUIRED FOR ALL NEW YORK AND NEW JERSEY  
CAMPER - FORMS MUST BE MAILED IN TO O-D OFFICE**

**PARENTAL PERMISSION WAIVER**

I hereby authorize the staff of O-D Sports, its directors, agents, doctors, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release O-D Sports, its employees, sponsors, suppliers and facilities from any and all liability in excess of \$3000 (\$500 deductible) for expenses incurred due to sickness or accidental injury sustained while participating in camp activities. I know of no mental or physical problems that might adversely affect my child's ability to participate. I hereby grant O-D Sports permission to use any photographs or video of my child for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*EMERGENCY NUMBER WHILE CHILD IS AT CAMP\*\*\*\*\*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**YOU CANNOT BE ADMITTED TO CAMP WITHOUT THIS FORM.**

Mail to Offense-Defense Sports, 309 Bush Drive, Myrtle Beach, SC 29579