

O-D Medical Form

This form must be turned in during registration at camp. 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 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 2011.

Medical Signature: _____ **Date:** _____

INSURANCE		
Major Medical Insurance Company	_____	
Policy #	State	Holder

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

PARENTAL PERMISSION WAIVER

I hereby authorize the staff of O-D Sports, its directors, agents, 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