

North Carolina Girls' Soccer Camp

YOU MUST BRING THIS COMPLETED CARD WITH YOU TO CAMP

CAMPER _____

LAST

FIRST

PARENTS _____

LAST

FIRST

ADDRESS _____

STREET

CITY & STATE

EMERGENCY PHONE NUMBER (H) _____ **(O)** _____

HEALTH INSURANCE INFORMATION

Company _____

Policy Number _____

Date _____

STATEMENT FROM PHYSICIAN

I certify that this camper is physically able to participate in soccer camp without restriction:

Physician's printed name
Office phone number

Physician's signature

Please list any medical problems of which the camp staff should be aware:

Date of last tetanus shot _____