



Staff/Health and Release Information

Name: _____

T shirt size: Please Circle Adult size: S M L XL

Health and Release Form

Health and General History:

It is required by the State of Massachusetts Board of Health that each participant provide their most recent physical & immunizations dated within the past year. If you do not have these forms you will not be allowed to participate. Please send a copy.

If there are restrictions from any activities, please note:

If taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Immunizations: Please send a copy.

Allergies: (yes/no) _____

Drug Reactions: (yes/no) _____

Insurance Information Carrier Name: _____

Policy#: _____

Policy Holder Name: _____

Policy Holder relationship to staff: _____

I, _____ or the parent/guardian of _____, give permission for me or my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the named emergency contact before taking action. I hereby waive, release, indemnify and hold harmless R.E.A.L. Field Hockey, Inc., staff, camp management, agents and sponsors from any liability for any damages, accidents, injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO ME OR MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp. By signing below, I certify that all information on this form is accurate.

Sign if at least 18 years old

Date: _____

Parent/Guardian signature if staff member is under 18 yrs. old
Print name: _____

Date: _____