



Next Level International Soccer Camp

111 North Avenue, Suite 108

Barrington, IL 60010

nextlevelsoccercamp@gmail.com

MEDICAL RECORD AND RELEASE FORM

Completion of this form and return to Next Level Soccer Camp is required for admission to the camp. Please email or bring it on the first day of camp. Campers will not be allowed to participate without this form on file.

Campers Full Name _____ Date of Birth _____

Parents' Full Names _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Family Physician _____ Phone _____ City _____

Family Dentist _____ Phone _____ City _____

Name of Emergency Contact _____ Phone _____ Relationship _____

Does the camper require any medications during camp? Specify:

Does the camper have any known drug or food allergies or other allergies? Specify:

I hereby authorize the staff of Next Level Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention, except as noted below (*). Furthermore, I hereby release Next Level Soccer Camp and Judson University and their respective agents and partners from any cause of action I may have arise during the soccer camp.

I also give Next Level Soccer Camp and KGE Elite permission to use any camp photos of my child for use on website, social media or other marketing prints. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes camper names, photo or image, residential addresses, e-mail address, or phone numbers.

Parent Signature: _____

(*): _____

IMMUNIZATION RECORD AND MEDICAL HISTORY (to be completed by your physician)					
Basic series of boosters of TD, TOPV (Tetanus & diphtheria, DPT trivalent oral polio vaccine)			Date:	Date:	Date:
If no TD in past 10 years, a booster is required.				Date:	
MMR and boosters (measles, mumps, rubella)			Date:	Date:	
Any abnormalities in the following?	Negative	Yes	Any abnormalities in the following?	Negative	Yes
1. Ears, Nose or Throat			7. Respiratory		
2. Cardiovascular			8. Hernia		
3. Gastrointestinal			9. Skin		
4. Metabolic/Endocrine			10. Allergies		
5. Neuropsychiatric			11. Eyes (glasses)		
6. Genito-urinary			12. Musculo-skeletal		

Has the patient suffered any major illness, injury or disability in the past? Specify:

Is the patient currently under treatment for any illness, injury or emotional disturbance? Specify:

List any medications that the patient is currently taking (i.e., allergy injections, etc.)

The patient is physically capable of participating in the Next Level Soccer Camp (Overnight Campers Only)

Physician's Signature **Date**

Camper Name _____ is physically and emotionally capable of participating in the Next Level Soccer Camp and has my permission to do so. I hereby authorize the directors and staff of the Next Level Soccer Camps to act in my place according to their best judgment in any emergency requiring medical treatment. I also release Next Level Soccer Camp, KGE Elite, Soccer Explorer and Judson University and the personnel associated with the Next Level Soccer Camp from any liability that results from my child's participation in the camp.

Parent's Signature:

Date:

Please indicate anyone other than the parents listed on this form who may be allowed to transport or pick your child up from camp:

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____