

# 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)** \_\_\_\_\_

Please indicate which camp(s) the participant is attending:

\_\_\_\_\_  
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### 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 \_\_\_\_\_