

Golden Bear Soccer Academy  
Western New England University  
1215 Wilbraham Road  
Springfield MA, 01119  
email: devin.oneill@wne.edu  
website: goldenbearsocceracademy.com

## MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

Participant name (print): \_\_\_\_\_  
Last First M.I.

### SECTION 1 *(To be completed by parent or guardian.)*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month / Day / Year

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Program name: \_\_\_\_\_ Program dates: \_\_\_\_\_

Father: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Mother: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Guardian is:  father  mother  other (name and address): \_\_\_\_\_  
(phone number): \_\_\_\_\_

Emergency contact (name, phone number, relationship to participant): \_\_\_\_\_

Family physician name and address: \_\_\_\_\_  
phone number: \_\_\_\_\_

Family dentist name and address: \_\_\_\_\_  
phone number: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

In case of medical emergency, I hereby give permission to Golden Bear Soccer Academy to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child, as named above.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/guardian signature

### SECTION 2 **PHYSICAL EXAMINATION:** *Must have been done by a medical provider within the preceding 12 months.*

#### **MEDICAL HISTORY** (please note significant disorders):

Allergies: \_\_\_\_\_ Heart: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_

\_\_\_\_\_ Kidney: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Lung: \_\_\_\_\_ Varicella: \_\_\_\_\_

Neurological: \_\_\_\_\_ Disabilities: \_\_\_\_\_ Other: \_\_\_\_\_

Pertinent medical history:

Summary of significant treatment program, including names and doses of medications to be used while at program (medications MUST be in a container with the original label):

Participant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### SECTION 3 REQUIRED IMMUNIZATIONS

#### MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

First dose must be after age 12 months; 2 doses required.

MMR #1 \_\_\_/\_\_\_/\_\_\_ MMR #2 \_\_\_/\_\_\_/\_\_\_

#### POLIO VACCINE

Dates: \_\_\_/\_\_\_/\_\_\_

A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mix of (IVP/OPV) was used, four doses are required.

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Completed primary series of polio immunizations?  YES  NO

\_\_\_/\_\_\_/\_\_\_

#### DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE

Minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster dose of Td is required for all campers and staff who will be entering grades seven through 10. For campers and staff who will be entering grades 11 and 12, a booster of Td is required if it has been more than 10 years since the last dose of DTaP/DTP/DT/Td. (Tdap is also acceptable.)

Completed primary series of DTaP/DTP/DT?  YES  NO

Dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date last Td \_\_\_/\_\_\_/\_\_\_

#### HEPATITIS B

Three doses of Hepatitis B vaccine are required if born on or after Jan. 1, 1992.

Dose # 1 \_\_\_/\_\_\_/\_\_\_ Dose #2 \_\_\_/\_\_\_/\_\_\_ Dose #3 \_\_\_/\_\_\_/\_\_\_

#### EXCEPTIONS

- **RELIGIOUS OBJECTION:** The individual must submit a written statement, signed by a parent/guardian if a minor, to the effect that the individual is in good health and stating the reason for such objections.
- **MEDICAL:** The individual must submit certification by a physician stating that the physical condition of the individual is such that his or her health would be endangered by such immunization.

Health care provider signature and/or stamp: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Golden Bear Soccer Academy

## Liability Waiver

The undersigned and undersigned's heirs, executors and administrators, hereby waive and forever release and discharge Golden Bear Soccer Academy, its officers, directors, employees, agents successors and assign of and from any and all claims, suits or rights for damages for personal property damage or physical injury which may be sustained or which occurs during participation in activities or that may occur to or from said activity, whether or not such injuries or property damage or loss is caused by is connected to or arises out of any acts or omissions or the negligence of Golden Bear Soccer Academy, its officers, directors, employees, agents, successors or assigns or of the school at which the activity is held.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Photograph and Video Authorization

I agree that photographs and or video tapes in any form or medium of my child may be taken or used by Golden Bear Soccer Academy for any reason, including, but not limited to, public relations, advertising, sales, etc., and agree that such materials shall become the sole and exclusive property of Golden Bear Soccer Academy. I further agree to give up all rights, title and interest in such property, and I hereby release and discharge Golden Bear Soccer Academy, its officers, directors, employees, agents, successors and assign from and against all claims, etc. arising out of or in connection with the creation of, title to use and/or distribution of such materials by Golden Bear Soccer Academy, its successors, agents.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Treatment Authorization

I hereby authorize medical treatment and care for my child, that my include routine diagnostic procedures (i.e., physical examination, x-rays, blood and urine tests) and medical treatment as may be necessary. I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my child is in attendance. If your child has any physical condition or requires any treatment or medication that a clinician should be aware of (i.e., allergies, disabilities, etc.) you must provide written notification to Golden Bear Soccer Academy at or before registration. In the event that an illness or injury requires extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I can not be reached, I give my consent for my child to receive the proper treatment and/or medical services needed to be performed as well as any necessary emergency procedures.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_