

**VISION TRAINING SOCCER CAMPS**  
**HEALTH INFORMATION FORM**

To be completed by parent or guardian and. Please **DO NOT** mail this form.  
The form is to be **PRESENTED TO THE TRAINER AT CHECK-IN.**

Participant's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Emergency phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

1. Date of last tetanus shot: \_\_\_\_\_
2. Date of Diphtheria immunization: \_\_\_\_\_
3. Date of last Whooping Cough immunization: \_\_\_\_\_
4. Date of last MMR (measles, mumps, rubella) immunization: \_\_\_\_\_  
Was this a second immunization? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. List any allergies including bee stings, hives, asthma: \_\_\_\_\_  
Circle if applicable: I use epi pen/I use inhaler (indicate type) \_\_\_\_\_ My child can  
use this independently \_\_\_\_\_ Yes\* \_\_\_\_\_ No
6. Will the participant be taking any medications while attending the camp?  
\_\_\_\_\_ Yes\* \_\_\_\_\_ No  
If yes, what? (Name and dose): \_\_\_\_\_  
Are there special considerations with regard to this medication? \_\_\_\_\_ Yes\* \_\_\_\_\_ No
7. Does the participant have any current or recent health problems? (Example: diabetes,  
epilepsy, recent surgery, injury, etc.) \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
If yes, please describe (include dates of occurrence) \_\_\_\_\_  
\_\_\_\_\_

\* Please explain (attach extra pages if necessary) \_\_\_\_\_

Date of most recent physical exam \_\_\_\_\_

My son/daughter has had a physical exam and has my permission to participate in the above program.  
In the event of an emergency, if I cannot be reached by telephone, I authorize emergency medical or surgical  
treatment for my child.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian (Print Name)

# East Stroudsburg University

## Directions:

### **From Syracuse, NY and Points North:**

I-81 South to I-380 East to I-80 East to Exit 308.

### **From other points in upstate NY:**

I-84 West to Motamoras, PA Exit 1 to  
209 South to East Stroudsburg.

### **From Boston MA and Points Northeast:**

I-95 South to I-80 West to Exit 308.

### **From Washington DC and Points**

**Southwest:** I-95 North to I-83 North to  
I-81 North to I-80 East to Exit 308.

**From New York City and Points East:** George Washington Bridge to I-80 West to Exit 308.

**From Philadelphia, PA and Points South:** Northeast extension of the Pennsylvania Turnpike to Route 22 East to Route 33 North to I-80 East to Exit 308.

**From Trenton, NJ:** Route 31 North to  
Route 46 West to I-80 West to Exit 308.

**From Jersey Shore Area:** Garden State  
Parkway North to I-280 North to I-80  
East to Exit 308.

**From I-80 take Exit 308.** Turn right onto Prospect Street. Go through 2 lights turn right onto Normal Street. Go to the end of Normal Street...and look for the **Vision Training Camp** Signs.

## VISION TRAINING CAMPS CAMPER'S CHECKLIST - ESU

*Helpful Hint: Break in new shoes prior to camp! Also, to reduce foot fatigue, bring a pair of turf shoes or flats!*

- Resident Camper:** [ ] Three towels, personal items  
[ ] One warm-up  
[ ] Minimum of five sets of shorts, shirts, socks  
[ ] Soccer shoes & Training shoes (flats or turf shoes)  
[ ] Flip flops or Sandals  
[ ] One bathing suit/flip flops  
[ ] **Fan**  
[ ] **Blanket**  
[ ] **Shin guards**  
[ ] **Small water bottle** (NO JUGS)  
[ ] Umbrella or rain gear  
[ ] Money - most parents allocate \$25-50.00...there is **asnack shop & soccer retail store** on site...to safeguard your child's money we provide a **CAMP BANK**.  
[ ] Completed **Health Form – Bring to Registration Please DO NOT mail it**

### SUNDAY CAMP SCHEDULE

- 2:00-4:00 PM ALL CAMPERS Check in at the East Stroudsburg University Hawthorne or Linden Residence Hall (Follow the Vision Training Signs once you're on campus)  
4:30 PM Camp Opening (Outside of the residence hall) Parents are welcome!  
5:00 PM Dinner for ALL CAMPERS (please wear flats or sandals)  
6:00 PM Training for ALL CAMPERS. Please report dressed in soccer equipment ready to train. Please bring your **water bottle** and cleats or turf shoes.

### THURSDAY CAMP SCHEDULE

- 9:00 AM Field Session – Games  
11:00 AM Clean-up/Room Check  
11:45 AM Camp Closing (Outside of the residence hall)  
12:00 PM Camper pick-up

**\*\* A complete Camp Schedule will be posted in the Dorm**

**CAMP STORES: Snack Shop and Soccer Magic Plus, a soccer specialty shop.**