

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

The form is to be **PRESENTED AT CHECK-IN**. Please **DO NOT** mail this form.

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)

## **Jackson Justice Complex Fields**

### **Jackson Justice Complex**

West Veterans Highway  
Jackson, NJ 08527

(GPS Search: 1 Jackson Drive, Jackson Township, NJ)

[Field Diagram](#)

[Mapquest Link](#)

#### Directions:

##### From North:

- I-195 to Exit 21
- Route 527 South (Cedar Swamp Road) for about 3 miles
- Turn Right at 3rd Traffic Light (Hess Gas Station - Wawa) onto Route 528 West (W. Veteran's Highway)
- At next light, Go straight about 1/4 mile to the Justice Complex on the Left side

##### From South:

- Route 571 North into Jackson
- Turn Right onto West Veterans Highway (Route 528)
- Justice Complex on the Right about 1 mile

# VISION TRAINING SOCCER CAMPS

## *Jackson, NJ Evening Camp Information*

### 1. **Arrival Time:** 5:15 P.M.

Please check in at Jackson Justice Complex Fields with Director TJ Kostecky  
Session begins at 5:30 P.M.

### 2. **What to Bring**

Be sure to bring a small gym bag with the following items: **Completed Health Form, shin guards, cleats and sneakers or turf shoes(wearing sneakers while training can give your feet a break when the fields are too hard), and a water bottle**

Please leave your valuables at home

### 3. **Pick-up Time:** 8:00 P.M.

You **must check out** with Director TJ Kostecky

If you are being picked up by someone other than your parent or guardian, please have your parents provide a signed note with pick-up instructions.

### 4. **Rain Policy**

If there is a light rain, we will continue training and playing. If there is **Thunder/Lightning, we will seek shelter.**

**If there is a heavy, sustained rain/lightning storm, you may pick up your children at your convenience. Any cancellations or delayed starts due to weather conditions will be posted on the [www.soccervisiontraining.com](http://www.soccervisiontraining.com) web site (home page).**

**Soccer Gear:** You may want to pre-order (and have it delivered to your home or to the camp) any soccer gear you may need on the Soccer Magic web site: [www.soccermagicdiscounts.com](http://www.soccermagicdiscounts.com)

## **Jackson Day Camp Schedule**

<b>5:15 PM</b>	<b>Campers Arrive</b>
<b>5:30 PM</b>	<b>Director and Staff Demonstration: Topic of the Day!</b>
<b>5:45-6:30 PM</b>	<b>Technical Session: Small Sided Games and Skill Training</b>
<b>6:30-7:15 PM</b>	<b>Tactical Session: Training how to make the <u>Best</u> Decisions</b>
<b>7:15-7:55 PM</b>	<b>Scrimmage</b>
<b>8:00 PM</b>	<b>Campers Depart</b>