

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)

Fairview Soccer Fields
558 Oak Hill Rd
Middletown, NJ 07748

Directions

From South:

NJ-35 N

Exit onto **Chapel Hill Rd**
Continue onto **Oak Hill Rd** 1.5 Mile
Fields will be on your RIGHT

From North:

NJ-35 S

Exit toward **Oak Hill Rd**
Turn right at **Oak Hill Rd** 1.1 Miles
Fields will be on your RIGHT

VISION TRAINING SOCCER CAMPS
Middletown, NJ Evening Camp Information

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

Please check in at Fairview Soccer 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 sneaks 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 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

Fair Haven Day Camp Schedule

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