

Hooptown Staff - MANDATORY HEALTH FORM & RELEASE

Name: _____ Age: _____ Date of Birth: _____

Address _____ Town: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone : _____

Emergency Contact

Name _____ Phone _____ Cell Phone _____

MEDICAL INFORMATION

Insurance Company _____ Policy# _____

Physician : _____ Telephone _____

Dentist: _____ Telephone _____

Do you wear contact lenses? Yes _____ No _____

Do you have any allergies? Yes _____ No _____

If "yes" please explain _____

Do you have any medical condition that we should be aware of? Yes _____ No _____

If "yes" please explain _____

Are you on any medications and will you be bring them to camp? Yes _____ No _____

If "yes" please explain _____

Have you ever had chicken pox or vaccination Yes _____ No _____ Date: _____

PHYSICAL / IMMUNIZATION

We are required to have a current immunization record **AND** a copy of every employee's most recent physical exam (dated within 18 months) on site. In order for us to accept your application to work at Hooptown you must attach a copy of your most recent physical AND current immunization record from your physician. (*specifically your tetanus (with in 10 yrs) and the dates of two MMR'S*)

RELEASE STATEMENT _I understand that Hooptown cannot be held responsible in or in part for any accident result in medical or dental expenses incurred while working at this camp. I hereby release them from and against any and all claims, cost, liabilities and injuries incurred while working at this camp. I will be financially responsible for any medical attention needed during camp resulting from injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. In the event of an emergency, I authorize Hooptown to exercise its best judgement in any necessary emergency medical treatment.

SIGNED _____ Date _____ SIGNATURE OF PARENT (If coach is under 18)

Note: No coach will be hired without this form completely filled out.

A copy of physical taken within 18 months

A copy of immunization records.