CUSE SOCCER ACADEMY CAMP REGISTRATION



To complete the registration process we need you to email the following documents in <u>one PDF</u> with the athletes name as the file name.

- 1. 2017 Health Form.
- 2. Medical Authorization Form (if necessary).
- 3. Immunization Records (with last tetanus date).
 - 4. Copy of insurance card (front & back).
- 1- Make sure to COMPLETE ALL PAPERWORK for the ID Clinic!!

*Deadlines for completed registrations: February 11th ID clinic: February 3rd 2017 March 11th ID clinic: March 3rd 2017 All July Camps & Clinics: July 7th 2017

- 2- Email the completed paperwork (preferably in one PDF) to <u>cusesocceracademyhealthforms@gmail.com</u> & <u>bjboehne@syr.edu</u> by the deadline above.
- 3- New Year / New Paperwork Everyone MUST fill out the new 2017 paperwork, we CANNOT use 2016s if you attended a camp with us previously***
- 4- Please make sure you read the **Refund & Deposit** Policy on the ID Camp page!
- 5- Be on the lookout for follow up emails that will have further details leading into the camp. If you have any questions in the meantime, please feel free to reach me at this email address.

Syracuse University Clinic and Camp Health Form - 2017

A sports camp or clinic participant will not be permitted to attend a camp or clinic unless this form is completed, in it's entirety, and returned no later than one week prior to registration. On-site registrants must have a completed form before participation will be permitted. PLEASE PRINT CLEARLY

THOSE PARTICIPANTS REQUIRING TAPING (OR SPLINTING FOR SPORTS PARTICIPATION MUST SUPPLY THEIR OWN
TAPING AND SPLINT	ING SUPPLIES FOR PRE-EXISTING CONDITIONS.

Participant's Name:	Gender : (circle one) Male Female		
Last Name First Nam	ne		
Participant's DOB: / / Age:	Sport: Camp/Clinic name:		
Parent/Guardian:	Home Phone: ()		
Email address:	Cell Phone: ()		
Address:	City State ZIP		
Street Number If not available in an emergency, notify: 1	Number:		
11 Hot available in an energency, notify.	Number:		
The state of the s	nsurance card AND complete the following*****		
Insurance Company: Policy Holder Name:			
Relation to Camper: Policy Holder DOB: / /			
Policy/Group #:	Policy Holder Employer		
Primary Care Physician:	Insurance Company Phone Number:		
Pre-approval Required? (circle one) YES NO	Contact Number: ()		
Immunization History - Please INCLUDE A COPY of	General Medical Information -		
CAMPER immunization record.	Asthma: (Circle one) YES NO		
List Current Medications:	Allergies:		
Elst out one modications.	Food:		
	Medications:		
IF CAMPER IS BRINGING MEDICATION TO CAMPUS	Bee Stings:		
PLEASE FILL OUT MEDICATION AUTHORIZATION FORM	Other:		
Clinic. Please return an OFFICIAL LETTER of physician physician clearance will be withheld from Please specify the condition in the space provided:	de written physician's clearance before attending a Syracuse Camp or s clearance (for each item) with the form. Participants without official om competition until clearance is received in writing.		
Fracture in the last 6 months:	Surgery in the past year:		
Seizure disorder:	Heart Condition:		
Diabetes:	Hemophilia/blood disorder:		
Loss of organ:	Hospitalization in last 6 months:		
Spinal, head injury or concussion:	Other Injury/Illness requiring ongoing care:		
means of transportation. Therefore, students/campers residing in small area. The signs and symptoms of Meningococcal Meningitis are similar to the confever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes, and rapidly. Treatment of Meningococcal Meningitis is antibiotic therapy. A vaccination is available, and is an effective way to help prevent Meningocoeffects associated with this vaccination. Syracuse University summer car information regarding availability and associated costs of the vaccination. I, the parent of legal guardian have received, reviewed, and understand the received the immunization within the past 10 years preceding or has elected. To the best of my knowledge this health history information engage in all camp activities, with the exception of any phy emergency. I hereby give permission to the medical person	espread by a cough, sneeze, kiss, sharing drinks, or by any other direct contact or airborne as, such as dormitories, are at an increased risk for contracting the illness. Inmon flu often making it hard to detect. The signs and symptoms include the following: high disconfusion. Frequently, not all signs and symptoms occur, and the illness may progress occal Meningitis, although any vaccine is not an absolute guarantee. There are rarely side the machine into the meningitis vaccine. Contact your family care provider for above information regarding Meningococcal Meningitis and my son/daughter has either into to obtain the immunization against Meningococcal Meningitis. In is correct and the person herein described has my permission to sical limitations as described. In the event that I cannot be reached in an nel to hospitalize, secure proper treatment for, and to order injection, the to indemnify Syracuse University and its employees for any claim which		
Signature:	Date:		
Witness:	Date:		

^{*}Please use the cups provided at each drinking station when utilizing the Gatorade/water. No use of personal cups or containers!

SYRACUSE UNIVERSITY SUMMER CAMP

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL

If a summer camp chooses to administer medication, the Onondaga County Department of Health requires an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for camp personnel to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber, or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S C	ORDER DATE/	J		
Name of Camper		Date of Birth	1 1	
Street Address		City	State	
Condition for which medication is being a				
Medication (Name, dose, method of adm	inistration)	!:	s this a controlled drug? Y N	
Times of Administration: Breakfast Luncl	n Dinner Bedtime As Needed	Other:		
Medication shall be administered from	/ to/	_		
Relevant side effects to be observed, if ar	19			
If there are side effects, plan for manager				
Allergies, reaction to, or negative interact	ion with food or drugs? If YES, e	explain/list		
Authorization by <u>Prescriber</u> for administration prescriber's Name	ration of above medication:	Phone	e()	
Address	City		State	
Prescriber's Signature				
Authorization by Parent/Guardian for the I have legal authority to consent to medic medication. I hereby request that the about the camp personnel designated by the Camedication in the original container and personnel be in the original contained be destroyed if it is not picked up within a harmless the Summer Camp Program Stathat may arise relating to my child's self-came Parent/Guardian Name	cation administration for the can be medication, ordered by the a mp director. I understand that I properly labeled by an authorize her labeled by the parent with the one week following termination of ff, Syracuse University, its Board administration of medication.	nper named above, includent in the interpretation of the summer of the summer of the order/camp. I agust of Trustees, officers an	my child be administered by er camp with the prescribed pharmacist. Over the counter stand that this medication will ree to indemnify and hold demployees against any claim:	
Address		State	Phone ()	-
Parent/Guardian's Signature		Date		
Authorization/Approval for Self-Adminis Self-administration of medication may be and epi-pens. SU camp personnel may wi	e authorized by the prescriber ar			<u>n</u>
Prescriber's authorization for self-admini		nature	Date	
Parent/Guardian's authorization for self-	administration: YES NO			

Signature

Date

Disclosure Statement

- 1. All Syracuse University Athletic Department summer sports camps are required to be licensed by the New York State Department of Health.
- 2. All Syracuse University Athletic Department summer sports camps are required to be inspected by the New York State Department of Health twice yearly.
- 3. New York State Department of Health inspection reports are filed at the following address:
 Onondaga County Department of Health
 421 Montgomery Street
 Syracuse, NY 13202