



HEALTH RECORD AT MANHATTANVILLE COLLEGE

Camper's Full Name _____ Date of Birth _____

Home address _____

Parent/Guardian's full name _____

Age _____ Grade (in September) _____ Height _____ Weight _____

Parent/Guardian's phone (home) _____ (work) _____ (cell) _____

Parent/Guardian's work address _____

IN CASE OF EMERGENCY, NOTIFY

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

PAST INJURIES - Do you have, or have you ever had, any of the following conditions? If so please state when.

Date	<u>Injury/Illness</u>	Date	<u>Injury/Illness</u>
_____	Concussion (s)	_____	Neck injuries
_____	Skull fractures (s)	_____	Shoulder injuries
_____	Elbow injuries	_____	Arm/wrist/hand
_____	Rib cage injuries	_____	Back injuries
_____	Hip injuries	_____	Thigh injuries
_____	Knee injuries	_____	Lower leg injuries
_____	Ankle injuries	_____	Foot injuries
_____	Muscle strains	_____	Difficulty hearing
_____	Frequent headaches	_____	Pneumonia
_____	Fainting spells, dizziness	_____	Frequent colds
_____	Heat exhaustion/heat stroke	_____	Heart murmur
_____	Epilepsy or convulsions	_____	Nose bleeds
_____	Numbness or tingling	_____	High blood pressure
_____	Diphtheria and/or tetanus	_____	Diabetes
_____	Skin disorders	_____	Anemia
_____	Hepatitis B	_____	Thyroid disorders
_____	Any abnormal bleeding tendencies	_____	Stomach ulcer
_____	Loss or impairment of an organ	_____	Menstrual problems
_____	Bowel cramps or upsets	_____	Mononucleosis
_____	Frequent indigestion or heartburn	_____	Measles
_____	Varicella (Chicken pox)	_____	Mumps
_____	German measles	_____	Scarlet fever
_____	Tuberculosis	_____	Polio
_____	Rheumatic fever	_____	Haemophilus Influenza Type B
_____	Do you/should you wear glasses or contacts?	_____	Do you have false teeth/braces?
_____	Date of last physical		
_____	Any injury to any part not mentioned? _____		
_____	Have you been advised to restrict activity? _____		
_____	Have you ever had an electrocardiogram?		
	If so, when and by whom? _____		
_____	Are you currently taking any prescription(s) or medication(s)?		
	If so, what which and why? _____		

PAST ILLNESSES OR MEDICAL PROBLEMS- Do you have now, or have you ever had, any conditions that require(d) surgery or hospital stay? If so, please state when and give a brief description.

Surgical procedure(s) _____

Hospital Stay _____

Anything else you need to tell us in order for us to better help your child? (Use separate sheet if necessary.)

PARENTAL WAIVER AND CONSENT FORM

At any time before opening day or during the camp season, Soundview Sports, Inc. retains the right to cancel the enrollment agreement if we determine that the physical, mental or emotional condition of the child would prevent him/her from participating safely and satisfactorily in our program or interacting positively with other campers.

Soundview Sports, Inc. can initiate the cancellation of this agreement and the dismissal of the child if, during the camp season, the child or his/her agents exhibit unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to himself/herself, other campers, or staff members as determined by the Camp Director.

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a camp member in all the sports, including swimming designated by Soundview Sports.

I understand that there are certain risks of injury inherent in the practice and play of these sports, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sports and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these sports, except as listed above.

I give permission for my son/daughter to be medically treated in the event that I am not available for an emergency during Soundview Sports Camp. The above-mentioned person(s) will be notified as soon as possible.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Soundview Sports, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sports and the activities incidental thereto, whether the result of negligence or any other cause.

PRIMARY PHYSICAN NAME _____ PHONE NUMBER _____

To the best of my knowledge, the above information is accurate.

PARENT SIGNATURE _____ Date _____

PARENT SIGNATURE IS **REQUIRED**.

DOCTOR'S SIGNATURE _____ Date _____

DOCTOR'S SIGNATURE IS NOT REQUIRED BUT ENCOURAGED.

A SEPARATE IMMUNIZATION RECORD FROM YOUR DOCTOR IS REQUIRED.

PLEASE HAVE ALL FORMS TO US BY MAY 1, 2010.

THIS FORM MUST BE COMPLETED AND SIGNED AND SEPARATE IMMUNIZATION RECORD RECEIVED FROM DOCTOR BEFORE CHILD MAY PARTICIPATE.

**SOUNDVIEW SPORTS
2900 PURCHASE STREET
PURCHASE, NY 10577**