



HEALTH FORM

EVERYONE (Athletes, Coaches, and Onsite Lodging Guests) must complete a Health Form - PLEASE PRINT

NAME BIRTH DATE IF UNDER 21 GENDER M F
ADDRESS CITY, STATE, ZIP
SPORT EMAIL ADDRESS
CONTACT PH. EMERGENCY PH.
SCHOOL GRADE CITY AND STATE

PLEASE CIRCLE YES OR NO (give details on back if necessary)

Allergic to any Medicine(s) YES NO Asthma YES NO Tetanus Shot Current YES NO
Diabetic YES NO Allergies (be specific and list) YES NO Convulsive Disorder YES NO

Any other medical problem we need to know about? Please list:

Doctor-prescribed medications you/your child will take while at tournament (list medications and dosage):

Make sure you/your child will have enough medication to last while at NACA. All medication is to be checked by camp nurse upon arrival.

Special diet as prescribed by a doctor? YES NO If yes, specify:

Any exercise you/your child should not do? YES NO If yes, list:

Are you/ child covered by insurance? YES NO (IF YES, PLEASE GIVE THE FOLLOWING DETAILS. . .VERY IMPORTANT)

Insurance Company Employee Name

Group Number Policy Number

I/We agree to hold the National Association of Christian Athletes (NACA) and its agents harmless of any liability resulting from injuries or loss of property sustained by me/our child during any tournament function. I/We give consent for my/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Tournament/Camp Director. I/we understand that NACA does not provide any form of accident or sickness medical benefits, including insurance coverage for me/my child while I/my child am participating in NACA activities or on NACA's premises. I/we agree that I/we are responsible for all medical expenses incurred from injuries/illnesses that I/my child might sustain. I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials.

Signatures (ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21 AND LIVING WITH BOTH PARENTS. IF UNDER 21 AND LIVING IN A SINGLE PARENT HOME ONLY THE ONE PARENTAL SIGNATURE IS REQUIRED)

MINOR DATE

FATHER/GUARDIAN OF MINOR DATE

MOTHER/GUARDIAN OF MINOR DATE

<OR> ADULT (21 or older) DATE

Once this form has been completed and signed, please make a copy and give original to NACA; Coaches keep copies.

The above-mentioned athlete is physically fit and mentally prepared to compete in the NACA Tournament/s.

COACH/SPONSOR COACH/SPONSOR CELL NUMBER