



# Portland Timbers and Thorns Residential Camp Health Form

(To be submitted at check-in)

*This form does not need to be completed by a physician.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Please Answer All Questions Below:**

- |     |   |       |      |
|-----|---|-------|------|
| 1.  | Has had any injuries requiring medical attention                  | Yes__ | No__ |
| 2.  | Has had illness lasting more than one week                        | Yes__ | No__ |
| 3.  | Is under a physician's care now                                   | Yes__ | No__ |
| 4.  | Takes medication now  | Yes__ | No__ |
| 5.  | Wears glasses__ Wears contact lenses__                            | Yes__ | No__ |
| 6.  | Has had a surgical operation                                      | Yes__ | No__ |
| 7.  | Has been in hospital (except for tonsillectomy)                   | Yes__ | No__ |
| 8.  | Has high blood pressure, abnormal heart rate or any heart disease | Yes__ | No__ |
| 9.  | Has had trouble with dehydration (excess loss of salt water)      | Yes__ | No__ |
| 10. | Has had heat stroke   | Yes__ | No__ |
| 11. | Has any known drug, food or pollen allergy                        | Yes__ | No__ |
| 12. | Has been immunized against flu__ polio__ tetanus__                | Yes__ | No__ |
| 13. | Is able to participate in strenuous exercise                      | Yes__ | No__ |

**Please explain any questions where you answered Yes:**

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**(You must complete both sides of the form to attend)**



## Release of Liability

Name (print): \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Being fully cognizant of the physical training requirements of the PORTLAND TIMBERS AND PORTLAND THORNS RESIDENTIAL CAMPS. I represent that I am physically able to participate and hereby hold the P T F C, their coaching staff, and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_