

**MORAVEK SOCCER SCHOOL – STUDENT HEALTH FORM**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR/PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

ALLERGIES (PLEASE LIST AND GIVE DIRECTIONS FOR EMERGENCY TREATMENT)

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DATE OF LAST TETANUS SHOT (WITHIN 5 YEARS) \_\_\_\_\_

IF YOU HAVE NOT RECEIVED A TETANUS SHOT OR ANY OTHER VACCINATIONS DUE TO RELIGIOUS OBJECTIONS OR OTHER REASONS PLEASE EXPLAIN

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LIST ANY SPECIAL NEEDS, HEALTH ISSUES

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I DO NOT HAVE ANY HEALTH PROBLEMS WHICH SHOULD PREVENT ME FROM PARTICIPATING IN ANY OF THE ACTIVITIES PLANNED BY MORAVEK SCHOOL. I request to register my child(ren) for the camps listed above, allow him/her to participate in all camp activities and understand the possible risks involved with this type of activity. I absolve Moravek Soccer School, organizations jointly sponsoring the camps and owners of any camp site locations of any responsibility for any accident or injury to my child(ren) or caused by my child(ren) to others where neglect is not involved. Furthermore, I understand that Moravek Soccer School will not be responsible for my child(ren) when he/she is traveling to and from our activity via non-provided Moravek Soccer School transportation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_