

**NATIONAL ASSOCIATION OF CHRISTIAN ATHLETES/FORT BLUFF CAMP**

370 Fort Bluff Camp Road ~ Dayton, TN 37321 ~ Office 423.775.0488 Fax 423.775.1968

**HEALTH FORM**

**EVERYONE** (Athletes, Coaches, and Onsite Lodging Guests) **Must Have a Notarized Health Form**

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOME ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBERS (include AREA CODE)

HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_

BIRTH DATE, IF UNDER 21 \_\_\_\_\_ PARENT(S)/GUARDIAN(S), IF UNDER \_\_\_\_\_

PLEASE CIRCLE YES OR NO (give details if necessary)

Allergic to any Medicine(s)	YES	NO	Asthma	YES	NO
Diabetic	YES	NO	Allergies (be specific and list)	YES	NO
Convulsive Disorder	YES	NO	Tetanus Shot Current	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 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/Is child covered by insurance? YES NO (GIVE DETAILS. . . **VERY IMPORTANT**)

Insurance Company \_\_\_\_\_

Employee Name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**The medical field in our area is requiring us to have a copy of BOTH the FRONT and the BACK of your INSURANCE CARD (AND to bring the original health card if possible) in order for you/your child to be treated if medical attention is required.):**

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 me/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Tournament/Camp Director.

NOTARY SEAL & SIGNATURE

Signatures **(ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21)**

MINOR \_\_\_\_\_

FATHER/GUARDIAN OF MINOR \_\_\_\_\_

MOTHER/GUARDIAN OF MINOR \_\_\_\_\_

My Commission Expires \_\_\_\_\_

<OR> ADULT (21 or older) \_\_\_\_\_

DATE \_\_\_\_\_

Once this form has been completed, signed, and notarized, make a copy. The original will be given to NACA; the copy will be given to the coach. NACA charges 25-cents for each copy made.

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

\_\_\_\_\_ COACH/SPONSOR COACH/SPONSOR CELL NUMBER \_\_\_\_\_