

Health and Authorization Form

The Sports Factory Camps

Please complete this form and mail or fax it to the address below prior to camp start date.

The Sports Factory
175 Beaverbrook Road
Lincoln Park, NJ 07035

Fax: 973 696-9499

Name of Camper: _____

Please specify chronic medical problems:

(Diabetes, asthma, epilepsy, food and drug allergies, etc.):

List any activity restrictions of your child:

Please give date of following immunizations:

Diphtheria _____ Polio _____ Measles _____ Mumps _____ Rubella _____

List any current medications your child is taking:

Doctors Name:

Camp Medical Treatment Authorization and Waiver

The undersigned acknowledges that their child is in good health and they know of no medical condition that would prevent their child from participating in soccer activities. Should their child become sick or injured, the undersigned grants The Sports Factory's staff permission to seek full emergency treatment for their child. The undersigned hereby authorizes the above mentioned hospital to administer full emergency treatment. Parent waives and releases The Sports Factory, its officers, employees, subcontractors, vendors, and representatives from any and all damages and agrees to hold harmless from any and all claims, and liabilities arising out of or related to any injury incurred by their child during soccer camp.

Parent/Guardian Signature

Parent/Guardian Name

Emergency Contact Name

The Sports Factory

- July 11 – 15
- July 18 -22
- August 1 – 5
- August 8 – 12
- August 15 – 19
- August 22 – 26
- August 29 – September 1

Fair Lawn Camp

- July 5 – 8
- July 11- 15