CAMP OLYMPIA / THE SPIRIT

HEALTH HISTORY AND EXAMINATION FORM

723 Olympia Drive, Trinity, Texas 75862

COUNTRY: _____

The information requested below is not required as part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care**.** No applicant for employment shall be required to provide the information requested below prior to receiving a conditional offer of employment**.** For all campers, and any staff persons who are minors, this form, except for the "Health Recommendations of a Licensed Medical Personnel," is to be completed by parents/guardians. **Your child will not be allowed to remain at camp unless this form has been received prior to your child's arrival at camp, completed and signed by parents/guardians and an examination current within 2 years, completed and signed by Licensed Medical Personnel**

Name _____ Birth date _____ Age _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male ☐ Female ☐

Custodial parent/guardian _____ Home Phone: _____

Home address _____
(If different from above) Street address City State Zip

Business Phone: _____ Cell Phone: _____

Second parent/guardian/emergency contact _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

If not available in an emergency, notify: Name: _____ Relationship: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

PERMISSION TO ATTEND, RELEASE, AND INDEMNITY

Important – This box must be completed for attendance*

READ CAREFULLY AND SIGN – In connection with my participation in the 2013 Spirit International Amateur Golf Championship ("The Spirit"), I acknowledge that there are certain risks and dangers incidental to such participation. Accordingly, I hereby assume the risks and dangers arising from or association with my participation in The Spirit, including, but not limited to, being struck by misdirected or errant golf balls, being struck by golf carts, and falling due to unevenness of terrain on the golf course and related areas and including non-golf related risks such as swimming, travel by airplane and automobile, van or bus and participating in any and all activities during The Spirit or while staying at Camp Olympia or being on Whispering Pines Golf Club grounds. I understand and am aware that I will be participating daily in many physical activities and that the potential for accidents does exist. I hereby waive on my own behalf and on behalf of any persons claiming by, through, or under me any and all claims and causes of action which I may now or hereafter have against Whispering Pines Golf Club, the Spirit Golf Association, WP Realty LP, and Camp Olympia, Inc., and their officiers, directors, agents, or employees, arising out of any injuries I may sustain from or in connection with my participation in The Spirit, including, but not limited to, being struck by misdirected or errant golf balls, being struck by golf carts, and falling due to unevenness of terrain on the golf course and related areas and including non-golf related risks such as swimming, travel by airplane and automobile, van or bus and participating in any and all activities during The Spirit or while staying at Camp Olympia or at Whispering Pines Golf Club or while on Whispering Pines Golf Club grounds, grounds of Camp Olympia, Inc. or related areas and will hold Whispering Pines Golf Club, the Spirit Golf Association, WP Realty LP, and Camp Olympia, Inc., and their officiers, directors, agents, or employees, harmless against any and all claims resulting from such injuries. This waiver and Hold Harmless Agreement shall be binding upon my heirs, personal representatives, and assigns.

Authorization to Provide Necessary Treatment: I hereby give permission to the medical personnel selected by the tournament director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above. I understand the information on this form will be shared on a "need to know" basis with tournament staff. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all tournament activities except as noted. I give my permission to photocopy this form. In addition, the tournament has permission to obtain a copy of my health record from providers who treat me, and these providers may talk with the program's staff about my health status. I have read and understand the foregoing terms and conditions, including without limitation the release provision, and knowingly agree to each and every term and condition.

Signature of Tournament Participant or Parent/Guardian (for minor participants):

_____ Date: _____
Participant or Parent/Guardian of Minor Participant

Sign

_____ Date: _____
Participant or Parent/Guardian of Minor Participant

Sign

Health History

The following information must be filled in by the parent/ guardian, (for minor camper/ staff), or by adult staff (if participant).The intent of this information is to provide Camp Health Care Personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Camp Health Personnel upon participant's arrival at camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known **Describe reaction and management of the reaction.**

Medication allergies (list)

_____ _____

Food allergies (list)

_____ _____

Other allergies (list)

_____ _____

MEDICATIONS BEING TAKEN

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely.

☐ This person takes **NO** medications on a routine basis.

☐ This person takes medications as follows:

Med. #1 _____Dosage _____Specific times taken each day _____

Reason for taking _____

Med. #2 _____Dosage _____Specific times taken each day _____

Reason for taking _____

Med. #3 _____Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications. Identify any medications taken during the school year which the participant does/ does not take during the summer: _____

_____

General Questions (Explain "yes" answers below.) Has/does the participant:

	Yes	No
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Ever had surgery?	☐	☐
5. Have frequent headaches?	☐	☐
6. Ever had a head injury?	☐	☐
7. Ever been knocked unconscious?	☐	☐
8. Wear glasses, contacts or protective eye wear?	☐	☐
9. Ever had frequent ear infections?	☐	☐
10. Ever passed out during or after exercise?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐
15. Ever been diagnosed with a heart murmur?	☐	☐
16. Ever had back problems?	☐	☐
17. Ever had problems with joints (e.g., knees, ankles)?	☐	☐
18. Have an orthodontic appliance being brought to camp?	☐	☐
19. Have any skin problems (e.g., itching, rash, acne)?	☐	☐
20. Have diabetes?	☐	☐
21. Have asthma?	☐	☐
22. Had mononucleosis in the past 12 months?	☐	☐
23. Had problems with diarrhea/constipation?	☐	☐
24. Have problems sleepwalking?	☐	☐
25. Have a history of bed-wetting?	☐	☐
26. Have an eating disorder?	☐	☐
27. Ever had emotional difficulties for which professional help was sought?	☐	☐
28. **FOR FEMALE:** Has this person menstruated?	☐	☐
If not, has she been told about It?	☐	☐
If so, is her menstrual history normal?	☐	☐

Please explain any "yes" answers, noting the number of the questions.

_____

_____