

Golf Course and Sports Complexes

www.forekicks.com

FORE KICKS HEALTH FORM

Camper's Name	Date of Birth	SS#
Address		
Parent name (s)	Home Phone:	Work Phone:
Insurance Information: (insurance card or copy must be brought to camp)		
Name of Insurance Co.	Policy N	Number
Address		
Please check off health conditions your child has had:		
Chicken Pox	Tuberculosis Polio Seizures Diabetes Kidney Trouble Ear Infections Skin Diseases Fractured Bones Head Injuries	
For pain, headaches, fever, etc., I give the medical staff permission to give my child (circle appropriate)		
Tylenol Advil Aspirin	NO pain relievers	
Please list any specific instructions or concerns you may have about your child's physical well being while at camp.		
Agreement and ReleaseWaiver I shall be responsible for the conduct of participant vand regulations and to be responsible for the cost of or mischief. I understand and accept that the risk of injury is possible directors and staff of Fore Kicks to act according to agree to indemnify and hold harmless anyone associal a result of participation in Fore Kicks activities or present the property of the participation in Fore Kicks activities or present the property of the propert	repair for any damage cau sible while participating ir their best judgment in any iated with Fore Kicks for a	ased by participant's willful misconduct athletic activities. I authorize the emergency requiring medical attention. I all medical or dental expenses incurred as
Parent's Signature		Date