

**WILDCAT WRESTLING CAMP
HEALTH QUESTIONNAIRE**

This certifies that _____, _____ is free of communicable diseases, is in good health, and is physically able to take in all activities, including swimming, at our Northwestern University Camp during the period from:

_____ to _____.
(month, day, year) (month, day, year)

***Please complete this section:

Date of birth: _____ Date of last tetanus shot _____

Social Security: _____ - _____ - _____

Known allergies: _____

Chronic or recurring illnesses _____

Tendency or susceptibility to _____

Emotional or physical disabilities _____

Special conditions, operations, or serious injuries (describe and indicate dates)

Medication currently being taken by camper (list type & condition) _____

Comments or suggestions from parents _____

Date

Name of Doctor

Doctor's Phone #

Doctor's Hospital affiliation

**Northwestern University Wrestling Camp
Tim Cysewski, Camp Director (847-491-4799)**

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HEALTH QUESTIONNAIRE**

***PLEASE NOTIFY THE CAMP IF THE CAMPER WAS EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE 3 WEEKS PRIOR TO CAMP, OR HAD A RECENT INJURY OR ILLNESS THAT CAMP SHOULD KNOW ABOUT.

“THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS MY PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES, EXCEPT AS NOTED ABOVE BY ME AND THE EXAMINING PHYSICIAN.”

Waiver & release: In consideration of the acceptance of the camper, we the undersigned, for ourselves, our heirs, executors and administrators agree to be legally bound to the terms and conditions hereinafter set forth:

We hereby give our consent and approval to the participation of the applicant in the program conducting by Coach Cysewski & Northwestern University, and certify that he is physically fit to take part in all activities. Further, we do hereby waive, release and forever discharge said organization, its staff, officers, agents, representatives, employees and their successors and assigns for any and all claims for damages occurring from an accident, injury to person or loss of personal property occurring during his/her stay at camp; his/her participation in all activities or arising from his/her traveling to or from camp.

Date

Signature of Parent

IF AND WHEN AN ACCIDENT/INJURY OCCURS AT CAMP, WE TRY TO NOTIFY THE CAMPER’S PARENTS IMMEDIATELY, BUT ARE SOMETIMES UNABLE TO LOCATE THEM. COMPLETION OF THIS PORTION OF THIS FORM IS ALWAYS NECESSARY SO THAT, IN CASE OF AN EMERGENCY, YOUR CHILD WILL BE GIVEN TREATMENT AS CONSIDERED NECESSARY BY THE TRAINER/DIRECTOR/STAFF/HOSPITAL STAFF.

THIS DOCUMENT SHALL BE PRESENTED TO AN APPROPRIATE HOSPITAL REPRESENTATIVE AT SUCH TIME AS UNEXPECTED HOSPITAL CARE MAY BE REQUIRED.

Signature of parent or guardian

Address of parent/guardian

Home phone

Business Phone

NAME OF PARENTS HOSPITALIZATION INSURANCE:

CARRIER _____

POLICY, ID, OR CONTRACT NUMBER _____

Northwestern University Wrestling Camp Tim Cysewski, Camp Director (847-491-4799)
