

# Eastern Iowa FCA PowerCamp 2011

## Registration Form

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### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School Attending (next fall): \_\_\_\_\_ School Grade (next fall): \_\_\_\_\_  
Gender: M F Birth Date: \_\_\_\_\_  
Sport Choice: \_\_\_\_\_ T-Shirt Size (circle): YS YM YL AS AM AL AXL  
How did you learn about PowerCamp? \_\_\_\_\_

### Contact Information

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Medical Information

Health Insurance Company: \_\_\_\_\_  
Ins. Policy Number: \_\_\_\_\_ Ins. Company Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Does the camper have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the camper have any severe allergies or reactions to drugs or medicines?

\_\_\_\_\_  
\_\_\_\_\_

Is the camper presently taking any medications or on any special diet or exercise restrictions?

\_\_\_\_\_  
\_\_\_\_\_

If yes, please list specific details. (Name of drugs, dosage, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are there any emotional/social disabilities that would be helpful for us to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Other information leaders should know about the child participant:

\_\_\_\_\_  
\_\_\_\_\_