



Madelia Junior Hawks

Summer Training Camp for students entering 4th to 7th grades

REGISTRATION FORM

Student Name _____ Age _____ Last Grade Completed _____

Address _____

Parent Name _____ Cell Phone _____

Address _____

Parent Name _____ Cell Phone _____

Address _____

Emergency Contact _____ Cell Phone _____



Waiver and Medical Release Form for Madelia Junior Hawks Summer Training Camp

I, _____ agree that
(Parent/Guardian)

_____ may
(Participant)

participate in the Madelia Community Hospital & Clinic (MCHC) 2019 Madelia Junior Hawks Summer Training Camp at the Madelia Elementary School.

In consideration of participation in the camp, I agree, on behalf of the above named child, his heirs and representatives to fully and forever release, discharge, indemnify and hold harmless MCHC Madelia Junior Hawks Summer Training Camp, its agents, servants and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the camp.

I also grant MCHC, the right to take photographs of my child in connection with this camp. I authorize MCHC to use images for publicity, illustration, advertising, social media, and web content.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS PROGRAM.

I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE PROGRAM PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

Also, I understand that all rules and regulations for the program and Madelia Elementary School will be enforced and any violation by my child will result in a call to me with possible request to come pick up my child immediately with no refund being given.

Cell phone number and Email of Parent or Guardian

Date

Signature of Parent or Guardian

2019 QUALIFYING PHYSICAL HISTORY FORM
Madelia Community Hospital & Clinic Camps

Student Name: Birth Date: Date of Exam:

History

Circle Question Number (1) of questions for which the answer is unknown.

Circle Y for Yes or N for No

GENERAL QUESTIONS

- 1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports?
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
4. Do you have allergies to medicines, pollens, foods, or stinging insects?
5. Have you ever spent the night in a hospital?
6. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

- 7. Have you ever passed out or nearly passed out DURING exercise?
8. Have you ever passed out or nearly passed out AFTER exercise?
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
10. Does your heart race or skip beats (irregular beats) during exercise?
11. Has a doctor ever told you that you have? (circle): High blood pressure, A heart murmur, High cholesterol, A heart infection, Rheumatic fever, Kawasaki's Disease
12. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram, stress test)
13. Do you get lightheaded or feel more short of breath than expected during exercise?
14. Have you ever had an unexplained seizure?
15. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

- 16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)?
17. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
18. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
19. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

- 20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game?
21. Have you had any broken or fractured bones or dislocated joints?
22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
23. Have you ever had a stress fracture?
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
25. Do you regularly use a brace, orthotics or other assistive device?
26. Do you have a bone, muscle, or joint injury that bothers you?
27. Do any of your joints become painful, swollen, feel warm or look red?
28. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

- 29. Has a doctor ever told you that you have asthma or allergies?
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?
31. Is there anyone in your family who has asthma?
32. Have you ever used an inhaler or taken asthma medicine?
33. Do you develop a rash or hives when you exercise?
34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?
35. Do you have groin pain or a painful bulge or hernia in the groin area?
36. Have you had infectious mononucleosis (mono) within the last month?
37. Do you have any rashes, pressure sores, or other skin problems?
38. Have you had a herpes or MRSA skin infection?
39. Have you ever had a head injury or concussion?
40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems?
41. Do you have a history of seizure disorder?
42. Do you have headaches with exercise?
43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
44. Have you ever been unable to move your arms or legs after being hit or falling?
45. Have you ever become ill while exercising in the heat?
46. Do you get frequent muscle cramps when exercising?
47. Do you or someone in your family have sickle cell trait or disease?
48. Have you had any problems with your eyes or vision?
49. Have you had any eye injuries?
50. Do you wear glasses or contact lenses?
51. Do you wear protective eyewear, such as goggles or a face shield?
52. Do you worry about your weight?
53. Are you trying to or has anyone recommended that you gain or lose weight?
54. Are you on a special diet or do you avoid certain types of foods?
55. Have you ever had an eating disorder?
56. Do you have any concerns that you would like to discuss with a doctor?

Notes:

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature

Student-Athlete Signature

Date