



# Fort Bluff Camp and Retreat Center

370 Fort Bluff Camp Road | Dayton, TN 37321 | Office 423.775.0488 | Fax 423.775.1968

www.nacasports.org

## HEALTH FORM

**EVERYONE** (Students, Sponsors, and Onsite Lodging Guests) **must complete a Health Form**

NAME _____	BIRTH DATE IF UNDER 21 _____	GENDER M F _____
ADDRESS _____	CITY, STATE, ZIP _____	
EMAIL ADDRESS _____	HOME PH. _____	
CELL PH. _____	EMERGENCY PH. _____	
CHURCH _____	CITY AND STATE _____	

PLEASE CIRCLE YES OR NO (give details on back if necessary)

Allergic to any Medicine(s)	YES	NO	Asthma	YES	NO	Tetanus Shot Current	YES	NO
Diabetic	YES	NO	Allergies (be specific and list)	YES	NO	Convulsive Disorder	YES	NO

Any other medical problem we need to know about? Please list: \_\_\_\_\_

Doctor-prescribed medications you/your child will take while at tournament (list medications and dosage):

**Make sure you/your child will have enough medication to last while at NACA. All medication is to be checked by camp nurse upon arrival.**

Special diet as prescribed by a doctor? YES NO If yes, specify: \_\_\_\_\_

Any exercise you/your child should not do? YES NO If yes, list: \_\_\_\_\_

Are you/ child covered by insurance? YES NO (IF YES, PLEASE GIVE THE FOLLOWING DETAILS. . . **VERY IMPORTANT**)

Insurance Company \_\_\_\_\_ Employee Name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

I/We agree to hold the National Association of Christian Athletes (NACA) and its agents harmless of any liability resulting from injuries or loss of property sustained by me/our child during any tournament function. I/We give consent for my/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Tournament/Camp Director. I/we understand that NACA does not provide any form of accident or sickness medical benefits, including insurance coverage for me/my child while I/my child am participating in NACA activities or on NACA's premises. I/we agree that I/we are responsible for all medical expenses incurred from injuries/illnesses that I/my child might sustain. I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials.

**Signatures (ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21 AND LIVING WITH BOTH PARENTS. IF UNDER 21 AND LIVING IN A SINGLE PARENT HOME ONLY THE ONE PARENTAL SIGNATURE IS REQUIRED)**

MINOR \_\_\_\_\_ DATE \_\_\_\_\_

FATHER/GUARDIAN OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER/GUARDIAN OF MINOR \_\_\_\_\_ DATE \_\_\_\_\_

<OR> ADULT (21 or older) _____	DATE _____
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Once this form has been completed and signed, please make a copy and give original to NACA; Coaches keep copies.

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The above-mentioned person is physically fit and mentally prepared to compete in camp activities

SPONSOR \_\_\_\_\_ SPONSOR'S CELL NUMBER \_\_\_\_\_