

DO NOT
STAPLE

School of Champions
c/o J Robinson Camps
2520 East Hennepin Ave
Minneapolis, MN 55413



EMERGENCY CONTACT INFORMATION

Camper Name: _____

Birthdate: ____/____/____ Age: ____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #:
(DAYTIME) ____-____-____ (EVENING) ____-____-____ (CELL) ____-____-____

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #:
(DAYTIME) ____-____-____ (EVENING) ____-____-____ (CELL) ____-____-____

INSURANCE INFORMATION:

Please include a photocopy (front & back) of your current insurance and prescription card or information.

Primary Insurance Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Group #: _____ Policy #: _____

Special Instruction: _____

2nd Payer Insurance Policy Through J Robinson Camps:

Each camper is required to have our secondary payer insurance policy. This is in excess to your primary insurance. If you do not have primary insurance, our policy will become your primary insurance. If it becomes necessary to use this policy, we will be sending you the start of the claim process along with information and instructions on how to complete the claim process. If you do not receive this information from us with in 30 days of camp completion, please contact our camp office in Minneapolis.

J Robinson Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413 - Phone: 612-349-6585

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MEDICAL HISTORY

LAST NAME	FIRST NAME	MIDDLE	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	BIRTHDATE	AGE	SSN# (HOSPITAL USE ONLY)
NEXT OF KIN	DAYTIME PHONE	EVENING PHONE	
ADDRESS	CITY	STATE	ZIP

PERSONAL MEDICAL HISTORY:		
HAVE YOU HAD	YES	NO
Measles		
German Measles		
Mumps		
Chicken Pox		
Hay Fever		
Asthma		
Tuberculosis		
High Blood Pressure		
Rheumatic Fever		
Heart Murmur or Heart Condition		
Tumor, Cancer		
Jaundice or Hepatitis		
Diabetes		
Albumen/Sugar in Urine		
Gallbladder Trouble or Gallstones		
Rupture, Hernia		
Venereal Disease		
Urinary Infection		
Kidney Stones		
Handicaps		
Convulsive Disorder (Seizure)		
Mental Illness or Emotional Disorder		
Back Problems		
Injury/Disease of Joints		

I verify that my child has been checked by a licensed physician and is physically able to participate in the School of Champions (SOC).

I have read the Instructions & Policies and Rules received with this form and agree to all rules, policies, and conditions contained therein without exclusion or amendment. I have read and agree to all of the terms listed at JRobinsonCamps.com/terms.html.

I understand that wrestling is a contact sport that could cause serious injury. Participation in the sport is an acceptance of some risk of injury. I realize that injuries and skin infections are a part of the sport of wrestling and therefore a part of wrestling camp. I have informed my child of their obligation to report all injuries, illness, and infections to the athletic trainer or camp staff as soon as they become evident. I have also advised my child to observe the SOC rules and other rules and practices which may be employed to minimize the risk of serious injury, illness, or infection while pursuing the benefits of this sport. The University of MN, its athletic department and staff should not be liable for any damages arising from personal injury sustained by the student during the SOC sessions and so hereby fully and forever exonerate and discharge the University of MN, J Robinson Intensive Camps and its staff, owners, employees, and agents from any and all claims, demands, damages, and rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the camper's participation in the school session and in the use of the facilities.

If my child needs medical treatment while attending the SOC, it is my request that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, **I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to contact me and assume all costs related to such treatment.** I understand that I may revoke this consent at any time, but that such revocation will not apply to treatment rendered prior to the date I have revoked consent. I also recognize that Minnesota law allows minors to consent to treatment for pregnancy, venereal disease, alcohol or drug abuse, and Hepatitis B vaccinations without the consent of a parent or guardian.

I have read, understand, and agree to the refund policy listed at JRobinsonCamps.com/terms.php. I also understand that there is no refund on the deposit if we (Parent or Camper) should cancel the application.

Signature of Parent or Guardian Date

IMMUNIZATION	YES	NO	DATE
Tetanus			
Mumps			
Polio			
Measles			
Rubella			
Hepatitis			

Please provide parental/physician instructions with this application for any medial problems related to your camper's participation in the School of Champions.

OFFICE USE ONLY

Skin Checked: _____

Weight: _____ Blood Pressure: _____

MEDICAL HISTORY - PAGE 2



STUDENT NAME: _____

Answer **ALL** Questions (All “YES” answers require an explanation - please use the space to the left and at the bottom of the page)

YES NO

			1. Have you ever been advised by a physician not to participate in athletic events?
			2. Have you been treated for a disease or illness during the past year?
			3. Has your physical activity been restricted during the past 5 years?
			4. Are you currently taking any medication - pills, sprays, or any other treatment?
			5. Are you currently under the care of a physician?
			6. Have you had any surgical operations?
			7. Have you been admitted to the hospital for disease, illness or injury?
			8. Do you wear glasses?
			9. Do you wear contact lenses?
			10. Have you had any difficulty with your eyes? (double or blurry vision, burning)
			11. Do you have difficulty hearing; frequent ear aches, ear drainage (other than wax)?
			12. Have you had:
			a. Athlete’s Foot
			b. Warts
			c. Boils
			d. Herpes
			e. Ringworm
			f. Impetigo
			g. Any contagious skin problem
			13. Do you have a stuffy nose when you DO NOT have a cold?
			14. Have you ever had a head injury with unconsciousness?
			15. Do you have any difficulty with chest tightness, cough, wheezing, or prolonged shortness of breath when you exercise?
			16. Have you ever had the symptoms listed in #15?
			17. Does cold air, smoke, fumes, dust or mold ever cause chest tightness, or cough or wheezing?
			18. Do you frequently have ‘head colds’ that end up with symptoms in your chest?
			19. Have you had any trouble with your stomach or intestines? (nausea, vomiting, gas, diarrhea, bloody stools)
			20. Have you had blood in your urine?
			21. Have you ever had weakness or trouble moving part of your body? (a ‘stinger’)
			22. Have you ever missed practice or a game due to an injury?
			23. Have you ever had:
			a. Head Injury
			b. Neck Injury
			c. Pinched Nerve
			d. Shoulder Injury
			e. Lower Back Injury
			f. Pulled Hamstring
			g. Bruised Thigh
			h. Knee Injury
			i. Shin Splints
			j. Ankle Injury
			24. Are you allergic to any drugs, medicines, foods, or stinging insects?
			25. Have you ever had manipulations or treatments for your back or joints by anyone other than a physician?
			26. Have you been found to have only one organ of usually paired organs? (one kidney, one eye, one testicle, etc.)
			27. Do you consider yourself to be in good general health?

Explanation of any “YES” answers (no explanation needed for #27):