

**Sooner Soccer Camps**

Pertinent Medical/Insurance Information

Participant's Name \_\_\_\_\_

Allergies \_\_\_\_\_

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

Medica  
tions \_\_\_\_\_

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

Other \_\_\_\_\_

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

Insurance: Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please complete and return along with the Acknowledgement and Assumption of Risk and Release to:

**Sooner Soccer Camps  
180 West Brooks  
Norman, OK 73019**