



**NAME OF CAMP:** \_\_\_\_\_

**CAMP DATES:** \_\_\_\_\_

**CAMPER'S PERSONAL INFORMATION**

Camper's Name: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address (street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Primary Emergency Contact:**

*If the camper is under the age of 18, the primary contact must be the camper's legal parent/guardian.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Secondary Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**IMPORTANT: All campers are required to provide up-to-date immunization records upon arrival at check-in. Please refer to page 2 of the Health Form to obtain more information about immunization requirements for Princeton University Sports Camps.**

**Please upload in advance to your ACTIVE ACCOUNT.**  
**This form is required for each camp you are attending. Please upload a copy for each camp.**

Camper's Last Name: \_\_\_\_\_

**INSURANCE INFORMATION:**

Health Insurance Carrier: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

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

**HEALTH HISTORY:**

Does the camper currently have any allergies or history of concussions? List all that apply: \_\_\_\_\_

Please provide any information about current physical, mental or psychological conditions that may affect the camper's ability to fully participate in the program: \_\_\_\_\_

Has the camper been hospitalized within the past 5 years?  No  Yes

If yes, please describe: \_\_\_\_\_

Is the camper currently taking any medications (prescription and over-the counter):  No  Yes

If yes, please list the drug(s) and dosage: \_\_\_\_\_

In accordance with N.J.A.C. 8:25-5.3(h), Princeton University will not administer medications of any type (prescription or over-the-counter) to camp participants of any age. Princeton University will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and camp participants will be held responsible for administering and housing/storing medication(s) in a discrete place during camp.

We strongly recommend Parent(s)/Legal Guardian(s) of camp participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (i.e. inhalers, EpiPen) meet with the Health Director during check-in to discuss their use.

**IMMUNIZATION HISTORY:**

**All Princeton University Sports Camp participants are required to provide copies of immunization records from a physician's office or a valid medical and/or religious exemption from immunization. All campers must provide records that satisfy the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4 or provide an official letter from a physician indicating that immunization is in progress. Your camper WILL NOT be allowed to participate without the appropriate medical records.**

New Jersey Youth Camp Standards require campers to be immunized with the vaccinations required for child-care center, preschool or school attendance as appropriate for the camper's age, according to the immunization schedule found in N.J.A.C. 8:57-4. An immunization schedule can be found at [https://nj.gov/health/cd/documents/imm\\_requirements/k12\\_parents.pdf](https://nj.gov/health/cd/documents/imm_requirements/k12_parents.pdf). Campers who do not comply with this schedule will not be allowed to participate in camp.

*I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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