



2018 Mini Canes Camp Enrollment Packet

A complete enrollment packet includes:

- Original Birth Certificate
- Recent Head Shot of Camper (Wallet Size)
- Enrollment Form
- Health History Form

Completed packets will not be collected until the registration dates listed below.

Returning Camper: February 19 – March 9 ✓

✓ **UM Affiliates (New Campers):** March 19 – April 6 (Cane or Alumni Association card and C# required)

Outside Community (New Campers): April 16 until camp is full

Mini Canes Recreational Sports Camp
University of Miami Herbert Wellness Center
www.minicanes.miami.edu
305-284-8510

Mini Canes Recreational Sports Camp 2018 Health History Form

This is a health history record to be completed by the parent or guardian. Check special conditions and diseases your camper has encountered.

Camper Name: _____
(Print)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Contact Lenses/Glasses |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Braces/Retainer | <input type="checkbox"/> Measles |

Allergies (specify): _____

Behavior (specify): _____

Medications (specify): _____

HEALTH CERTIFICATION

This is to certify that my camper _____ is in good health and has my permission to participate in the Mini Canes Recreational Sports Camp at the University of Miami. **It is the responsibility of the parent/guardian to inform the camp in writing of any changes.** In case of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the camp staff to hospitalize and secure proper treatment for my child, named above. I certify, in addition, that my child has not had any operations or serious illness between her/his health examination for camp and the opening of the camp session.

Signature of Parent/Guardian _____ Date _____

PHYSICAL EXAMINATION FORM

Camper's must have this form completed by a U.S. licensed physician's office.

Camper's Name: _____

Date of Camper's Examination: _____

Codes: Satisfactory √
 Not Satisfactory X
 Not Examined O

Height: _____ Weight: _____ B.P.: _____

Appearance-Nutrition _____

Eyes _____

w/o glasses: R-20/ _____ L-20/ _____ w/glasses: R-20/ _____ L-20/ _____

Ears _____

Hearing _____ R _____ L _____

Nose _____

Throat _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Genitalia _____

Hernia _____

Skin _____

Musculoskeletal _____

Urinalysis _____

Other Notes _____

IMMUNIZATION

| Immunization | Year Primary Series Completed | Year of Last Booster |
|-------------------|----------------------------------|-------------------------|
| DTaP/DTP | _____ | _____ |
| DT | _____ | _____ |
| Td | _____ | _____ |
| Polio | _____ | _____ |
| H1b | _____ | _____ |
| MMR (Combined) | _____ | _____ |
| (Separate) | _____ | _____ |
| Rubeola (Measles) | _____ | _____ |
| Hepatitis B | _____ | _____ |
| | Type _____ | |
| | Year Last Given _____ | |
| | Result _____ | |

Physician's Comments and recommendations. Give details of management of significant illnesses.

This person is in satisfactory condition and may engage in all sports activities except as noted.

Physician _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Date _____

Florida certification of immunization form along with this health history form will be accepted. Any exemption of immunizations based on religious beliefs or practice must submit a fully completed DH 681 form issued by the state of Florida in order for the enrollment paperwork to be accepted. NO EXCEPTIONS.