



**2019 SPORTS CAMP REGISTRATION FORM**

**CHILD NAME:** \_\_\_\_\_  
FIRST LAST

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**WHAT SESSION(S) ARE YOU REGISTERING FOR (PLEASE CHECK):**

Jul 08 – Jul 12 \_\_\_ Jul 15 – Jul 19 \_\_\_ Jul 22 – Jul 26 \_\_\_ Aug 12 – Aug 16 \_\_\_ Aug 19 – Aug 23 \_\_\_

**PARENT/GUARDIAN INFO**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
FIRST LAST

**ADDRESS :** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AUTHORIZED PICK UP/EMERGENCY CONTACT**

BESIDES THE LISTED PARENT/GUARDIAN, YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON OTHER THAN THOSE INDICATED BELOW. IF YOUR CHILD IS SIGNED OUT BY SOMEONE OTHER THAN YOU, A PHOTO I.D. WILL BE REQUIRED. IN CASE OF EMERGENCY/ILLNESS, IF THE PARENT/GUARDIAN IS UNABLE TO BE REACHED, WE WILL CALL THE FOLLOWING CONTACTS IN ORDER LISTED:

**AUTHORIZED PICK UP CONTACT:** \_\_\_\_\_  
FIRST LAST

**RELATIONSHIP:** \_\_\_\_\_ **DAYTIME PHONE #:** \_\_\_\_\_

**AUTHORIZED PICK UP CONTACT:** \_\_\_\_\_  
FIRST LAST

**RELATIONSHIP:** \_\_\_\_\_ **DAYTIME PHONE #:** \_\_\_\_\_



**HEALTH EXAMINATION FORM**

This section to be filled in by parent and checked with physician at time of examination.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

**HEALTH HISTORY:** (Check –giving approximate dates)

**Allergies /Diseases:**

Ear Infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Ivy Poisoning, etc \_\_\_\_\_ Measles \_\_\_\_\_ Convulsions \_\_\_\_\_ Insect Stings \_\_\_\_\_

German Measles \_\_\_\_\_ Diabetes \_\_\_\_\_ Penicillin \_\_\_\_\_ Mumps \_\_\_\_\_

Behavior \_\_\_\_\_ Other Drugs \_\_\_\_\_ Asthma \_\_\_\_\_

Operations or Serious Injuries (Dates)

\_\_\_\_\_

Chronic or Recurring Illness

\_\_\_\_\_

Other Diseases or Details of Above

\_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

**PARENTS AUTHORIZATION**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH EXAMINATION FORM (Continued)**

**\*\*The following sections are to be filled out by a licensed physician\*\***

**IMMUNIZATION HISTORY** - Required Immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series \_\_\_\_\_ booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Polio OPV (Sabin) \_\_\_\_\_ booster \_\_\_\_\_ Typhoid \_\_\_\_\_

Measles Vaccine (live) \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ German Measles (Rubella) \_\_\_\_\_

Mumps Vaccine (live) \_\_\_\_\_ Smallpox \_\_\_\_\_ Other \_\_\_\_\_

**MEDICAL EXAMINATION**

This examination should be performed **within the last 12 months** of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities. **Code: S** Satisfactory **X** Not Satisfactory (**explain**) **O** Not Examined

**Date of Physical Examination:** \_\_\_\_\_ Hgt. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_ Hgb Test \_\_\_\_\_

Urinalysis \_\_\_\_\_ Hernia \_\_\_\_\_ Eyes \_\_\_\_\_ Extremities \_\_\_\_\_

Glasses \_\_\_\_\_ Posture (Spine) \_\_\_\_\_ Ears \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Heart \_\_\_\_\_

Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_

Allergies: \_\_\_\_\_

General Observation: \_\_\_\_\_

**Recommendations and restrictions while in camp.**

Special Diet/Food allergies \_\_\_\_\_

Special Medicine (List) \_\_\_\_\_ Is parent sending it? \_\_\_\_\_

Swimming, Diving \_\_\_\_\_ Strenuous activity \_\_\_\_\_

Other \_\_\_\_\_

**I have examined the person herein described and have reviewed his/her health history. It is my opinion that he is physically able to engage in camp activities, except as noted above.**

**M.D. Examining Physician** \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_



Child's Name \_\_\_\_\_

**LIABILITY WAIVER FORM**

**Please carefully read the following waivers:**

**PHOTO/MEDIA WAIVER:**

I, the parent/guardian shown on this form, wish my child to be enrolled in programs with Crestview Country Club. I hereby give permission for photographs and other media materials to be used for promotional display purposes and local media and news coverage. \_\_\_\_\_ **(Initial)**.

**CRESTVIEW COUNTRY CLUB RELEASE AND DISCLOSURE WAIVER:**

I am aware in signing this document for my child's participation in various or certain programs and activities offered by Crestview Country Club that certain elements of such programs or activities can be physically or emotionally demanding. The Crestview Country Club staff will use reasonable efforts to minimize my child's exposure to known risks, but I recognize that not all dangers and hazards can be foreseen. Further, I am aware that certain inherent risks exist in some programs and activities that are beyond the control of the Crestview Country Club staff. I acknowledge the absolute responsibility of my child to follow safety rules, standards, guidelines, and procedures established for each activity and program. Failure to follow such rules and regulations may result in my child's dismissal from the program. I will encourage my child to ask for clarification or assistance if he/she doesn't understand any safety instructions. I knowingly release and hold Crestview Country Club and Crestview Country Club employees, volunteers, and directors harmless from and against all liability for loss or injury to my child resulting from his/her participation in any activity or program. I agree to indemnify Crestview Country Club and Crestview Country Club employees, volunteers and directors for all costs and expense which it or they may incur due to claims or demands alleging such an injury, including settlement payments, court judgments, and legal defense fees. I agree that Crestview Country Club shall have final authority regarding the defense and settlement of claims or suits brought against it or any of its employees, agents, volunteers or directors, claiming any such injury. \_\_\_\_\_ **(Initial)**.

Your signature signifies that you have read and agree to the above information.

**Parent/Guardians' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Written Parent/Guardian Consent for Medication Administration**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Medications my child is currently receiving. Please list all medicines the child is receiving, including those given during program hours, as well as at home.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Known Allergies: \_\_\_\_\_

**Consent**

**1. I give permission for the camp staff to give the following medication:**

\_\_\_\_\_ prescribed by \_\_\_\_\_  
(Name of Medication) (Doctor's Name)

to \_\_\_\_\_  
(Child's Name)

**2. I give permission for my child to self-administer medication if the camp staff determines it is safe and appropriate.** Yes \_\_\_\_\_ No \_\_\_\_\_

**3. I give permission for the camp staff to share with appropriate personnel information relative to the prescribed medicine administration, e.g. adverse side effects, as he/she determines necessary for my child's health and safety.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Note:** I understand that medicine must come to camp in the original packaging with instructional label. On the last day of the program, I will need to personally come to camp to retrieve any left-over medication. If I do not pick up the medication on my child's last day of camp I understand that the medication will be destroyed for safety reasons.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_