



2017 SPORTS CAMP REGISTRATION FORM

CHILD NAME: _____
FIRST LAST

Date of Birth _____ **Age** _____

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

Jul 10 – Jul 14 ___ Jul 17 – Jul 21 ___ Jul 31 – Aug 4 ___ Aug 7 – Aug 11 ___ Aug 21 – Aug 25 ___

T-SHIRT SIZE: S___ M___ L___ XL___

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: _____