

SUMMER CAMP HEALTH AND PERMISSION FORM

Mother's Name _____ (home) _____ (work) _____ (cell) _____

Place of employment _____

Father's Name _____ (home) _____ (work) _____ (cell) _____

Place of employment _____

If parent /guardian cannot be reached, call: _____ (phone) _____

Or call: _____ (phone) _____

Physician's name _____ (phone) _____

Hospital preference _____

Dentist's name _____ (phone) _____

Medical Insurance company _____ Policy number _____

Date of most recent tetanus immunization: _____

Indicate any serious medical conditions (recurring illnesses, disabilities, chronic illnesses, etc.)

_____ Allergic to/ Special needs:

List the names of any medications applicant is presently taking and for what medical conditions:

I agree that in case of an accident involving my child while attending this camp, I release the Sports & Fitness Edge Company, employees and volunteers from any and all liability caused by claims from injury or damage my child may have sustained from use of premises or equipment.

In case of an emergency, I give permission to the appropriate personnel to properly transport my child to a medical facility for care. I understand that the Sports & Fitness Edge Company DOES NOT provide medical insurance and that I will be responsible for all medical expenses incurred.

Camp Edge has adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp: (1) The camp will call home. If there is no answer (2) the camp will call the mother's, father's or guardian's place of employment. If there is no answer, (3) the camp will call the other phone numbers listed and then the physician. (4) If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (5) Based on the medical judgment of the attending physician, the child may be admitted to a medical facility. (6) The camp will continue to call the parent or guardian until one is reached. If the camp authorities follow the procedure I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, which may be carried out based on the medical judgment of the attending physician.

I give permission for my child to use the Sports & Fitness Edge facilities during the camp. (swimming, tennis and other sports). I give permission for my child to participate on field trips with the summer camp. These include transportation provided by Mountain Transit. I accept responsibility for any injuries, except from gross negligence or intentional acts resulting from Sports & Fitness Edge Staff that may result while participating in a field trip activity.

I understand that if my child needs adult assistance/aid during his/her school day then he/she may not attend camp without the same assistance. This assistance will need to be provided by the parent or school system; Sports & Fitness Edge is not responsible for hiring or providing compensation for additional staff needed for an individual child. For questions or specific situations please talk directly to the director, Bob Hunt.

As of June 1, 2010 you are responsible for payment of the schedule you committed to on the Registration Form. Any changes to your schedule must be made in writing prior to June 1, 2010.

I give permission for camp staff to administer bug spray and suntan lotion to my child during camp.

Parent/ Guardian's Signature _____ Date _____