



SUMMER CAMP 2018 REGISTRATION FORM

CAMPER INFORMATION (PLEASE PRINT)

Last Name:	First Name:
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GUARDIAN INFORMATION (PLEASE PRINT)

Guardian #1:	Phone:
Guardian #2:	Phone:

EMERGENCY CONTACT(S)/ALTERNATIVE PICK-UP

Emergency Contact Name #1:	Phone:
Emergency Contact Name #2:	Phone:
Authorized to pick up (Name & Phone Numbers):	
1.	
2.	
3.	

MEDICAL INFORMATION

Doctor's Name:	Phone:
Dentist's Name:	Phone:
Health Insurance Name & Number:	

ALLERGIES

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DIETARY RESTRICTIONS

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MEDICAL HISTORY (Please check if your child has, or has had, any of the following conditions)

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|--|--|--|
| <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Head injuries | <input type="checkbox"/> Seizures | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Headaches or fainting | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Asthma or respiratory |
| <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Had a recent injury | <input type="checkbox"/> Recent illness |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Aids | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Abdominal pain/problem | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Altitude sickness |
| <input type="checkbox"/> Skin problems/reactions | <input type="checkbox"/> Other | |

IF YOU CHECKED ANY OF THE ABOVE CONDITIONS, PLEASE PROVIDE FURTHER EXPLANATION:

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MEDICATION INFORMATION

Medication taken outside of ABC:	Reason:
Medication to be taken at ABC:	Reason:

MEDICATION MUST BE IN ORIGINAL CONTAINERS AND ACCOMPANIED BY MEDICATION ADMINISTRATION FORM(S) SIGNED BY YOU AND YOUR DOCTOR INDICATING TIME AND DOSAGE.

ADDITIONAL INFORMATION

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SHOULD THE STAFF RECOGNIZE THE NEED TO APPLY SUNSCREEN TO MY CHILD, I AUTHORIZE THEM TO DO SO.

I GIVE MY CONSENT FOR MY CHILD TO BE TRANSPORTED AND OR WALK TO ALL ACTIVITIES. THIS INCLUDES BUT IS NOT LIMITED TO EASTON TRAINING CENTER AND OUTSIDE CLIMBING AREAS.

I HEREBY GRANT PERMISSION FOR ABC KIDS CLIMBING TO TAKE NECESSARY STEPS TO OBTAIN EMERGENCY MEDICAL CARE UNTIL I CAN BE CONTACTED. IN EVENT OF A SERIOUS MEDICAL EMERGENCY, ABC KIDS CLIMBING HAS MY PERMISSION TO CALL AN AMBULANCE TO TRANSPORT MY CHILD FOR EMERGENCY MEDICAL TREATMENT. I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL COSTS ASSOCIATED WITH THE CONVEYANCE OF MY CHILD AND FOR THE TREATMENT PROVIDED BY THE MEDICAL CARE FACILITY TO MY CHILD.

WE WILL BE TAKING PHOTOS DURING CAMP FOR PROMOTIONAL PURPOSES. IF YOU DO NOT WISH FOR YOUR CHILD TO BE INCLUDED PLEASE CHECK THE BOX

Guardian Signature:	Printed Name:	Date:

