



## SUMMER CAMP 2021 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**

**DIETARY RESTRICTIONS**

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

- |                                                  |                                              |                                                |
|--------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <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:*

**MEDICATION INFORMATION**

<b>Medication taken outside of ABC:</b>	<b>Reason:</b>
<b>Medication to be taken at ABC:</b>	<b>Reason:</b>

**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**

<b>Guardian Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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