

# Camp-a-palooza & Imagymnation Camper Information & Medical form.....489-7575

Office only

Name: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade (Fall'10) \_\_\_\_\_ Has your child attended Camp-a-palooza before? \_\_\_\_\_ Year? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
(if different than above)

Second parent/guardian/emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
(if different than above)

Email address: \_\_\_\_\_

### Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is between 8:45am-9am. Any campers that arrive before 8:45am will be billed at the before-care rate of \$9.25. Please note: our counselors are in meetings prior to 8:45am.
- Pick-up is between 3:45-4:00pm. After 4pm your child will be taken to after-care and you will be charged \$9.25. All after care campers need to be picked up no later than 6pm.

**Please list those adults to whom your child may be released and picked up/ Emergency Contacts.**

Name	Phone 1	Phone 2	Relationship

Please list anyone who doesn't have permission to pick up your child: \_\_\_\_\_

Please list any friends that your child would like to be placed with: \_\_\_\_\_ Grade: \_\_\_\_\_

Friend #2: \_\_\_\_\_ Grade: \_\_\_\_\_

Are there any Kids First classes that we need to take your child to during camp or during aftercare? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

### Your Child

Does not eat:  Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs  Other \_\_\_\_\_

Allergic to:  Bee Stings  Peanuts  Tree Nuts  Dairy  Sun screen  Other \_\_\_\_\_

Medication allergies/Sensitivities: \_\_\_\_\_

Is an epi-pen needed for any of the allergies above? \_\_\_\_\_

What type of reaction does your child have to stings? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Group: \_\_\_\_\_

Year: \_\_\_\_\_



**Immunizations and History**

Please check if you child has has the following shots?

- Chicken Pox
- Measles
- Tetnus date: \_\_\_\_\_

Does your child have any of the following medical conditions:

- Asthma
- Asperger
- Autism
- Blood clotting disorders
- Diabetes
- Down syndrome
- Seizures
- Any other mental /medical issues or information that would be helpful to us and that would aid in an emergency :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need one on one attention? \_\_\_\_\_

If YES, what is the name of the caregiver that will be attending? \_\_\_\_\_

Explain any restrictions your child may have on activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been exposed to or had: Date:

- Rheumatic Fever \_\_\_\_\_
- Chicken Pox \_\_\_\_\_
- Measles \_\_\_\_\_
- German Measles \_\_\_\_\_
- Mumps \_\_\_\_\_
- Other \_\_\_\_\_

What are some goals that you would like your child to accomplish at camp?

(such as social skills, physical strength, self esteem)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Will your child be taking any medications while at camp or need an inhaler or epi-pen? \_\_\_\_\_ **If so, please fill out the medication form.**

**ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE**

(1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Queen City Gymnastics Center, Inc., dba Kids First Sports Center and affiliated entities ("Kids First") or Ronnie Grandison Basketball Academy, RG Basketball and affiliated entities ("RG Basketball") programs and activities and I **ACCEPT ALL RISKS** associated with such participation.

(2) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, **PROMISE NOT TO SUE and FOREVER RELEASE** Kids First, RG Basketball, their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

(3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids First or RG Basketball and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kids First or RG Basketball.

(4) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Kids First or RG Basketball publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement. PARENT/LEGAL GUARDIAN's signature.

Parent/ Legal Guardian's Signature _____	Date _____
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