

2010 Camp Fun Registration & Health Form

August 8 - 16, 2010

Camper and Parent/Guardian Information

Camper Name: _____
Last First middle

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Age _____

Parent/Guardian Name: _____

Address _____

City, State, Zip _____

Home Phone (_____) _____ Work/Cell Phone (_____) _____

Emergency Contact Name _____ Phone #'s (_____) _____

Sponsoring Organization: _____

Contact Name _____ Phone # (_____) _____

Medical Information

Does the camper take any medications? Yes _____ (describe below) No _____

Please list any medications (including over the counter or non-prescription drugs) taken regularly. Bring enough medications to last the entire time at camp. Keep medications in their original bottle/package that identifies the prescribing physician (if prescription), the name of the medication, the dosage, and frequency of administration.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Does the camper have any allergies? Yes _____ (describe below) No _____

Does the camper know how to swim? Yes _____ (describe ability below) No _____

Parent/Guardian Authorization & Acknowledgement of Risk

I give permission to the medical personnel selected by the Director of Camp Rockmont or his designee to provide routine health care; to administer medications; order x-rays, routine tests & treatment; to release any records necessary for insurance purposes; or to provide or to arrange necessary related transportation for my child. In an emergency, I give permission to the medical personnel so selected to secure and administer treatment including hospitalization for my child. I give permission for photographs and/or audio/video recording of my child to be used by the camp for its promotion, website and/or news media coverage. I acknowledge that there are inherent risks to participation in recreational and adventure activities and programs offered by Camp Fun including but not limited to swimming, canoeing, climbing, target sports, and adventure elements, which could result in accidental injury, possibly serious. Parents will be notified immediately if a serious incident occurs. Furthermore, participation in these activities good physical condition by the participant. Being aware of the inherent risks and potential injury to my child, I hereby consent to my child's attendance and participation in the activities offered by Camp Fun.

Signature of Parent/Guardian _____ Date: ____/____/____