

2010 Camp Fun Registration & Health Form For Sponsoring Organizations Chaperone

Chaperone Information

Name: _____
Last First middle

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

Address _____

City, State, Zip _____

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

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

Sponsoring Organization: _____

Contact Name _____ Phone # (____) _____

Medical Information

Does you 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 _____

Do you have any allergies? Yes ____ (describe below) No ____

Do you know how to swim? Yes ____ (describe ability below) No ____

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 myself. In an emergency, I give permission to the medical personnel so selected to secure and administer treatment including hospitalization for myself. I give permission for photographs and/or audio/video recording of myself 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 myself, I hereby consent to my attendance and participation in the activities offered by Camp Fun.

Signature _____ Date: ____/____/____