



EMERGENCY MEDICAL INFORMATION

Please Print Clearly

Campers Name: _____

<u>Primary Parent's Name</u>	<u>Cell Number</u>	<u>Work Number</u>
<u>Secondary Parent's Name</u>	<u>Cell Number</u>	<u>Work Number</u>

Emergency Contact, in case parents/guardians cannot be reached

<u>Name</u>	<u>Relationship to Camper</u>	<u>Phone Number</u>
<u>Name of your medical Insurance Carrier</u>		<u>Policy Number</u>
<u>Family Doctor</u>		<u>Phone Number</u>

Please list all allergies:

Health Concerns, which might affect my child while at Camp:

CONTINUING CONSENT TO TREAT – MINOR CHILD

I, the undersigned parent or guardian of: _____, a minor,
Last Name First Name Age

do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of a medical doctor licensed to practice in the State of California, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital licensed by the State of California.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given in order that said physician may have the opportunity to exercise his best judgment as to the action which may be necessary or required to protect the life and health of said minor child.

This consent shall remain effective during the length of contract or until revoked by a writing delivered to said physician or to Sierra Sport and Racquet Club.

I, the undersigned parent/guardian acknowledge that I have read and agree to each of the Conditions of Enrollment, Prices and **Cancellation Policy**, Waiver of Liability, General Matters, and Medical Consent to Treat.

Date: _____
Parent/Guardian's Name Printed: _____
Parent/Guardian's Signature: _____

Prices & Cancellation Policy

1. Full payment must be submitted with every camper's registration.
2. Refunds will not be made in connection with cancellations. If a child is unable to attend SSRC Kid's Camp due to an emergency or illness, the child may make the day(s) up in another session, as space is available. I understand that dismissal from camp or withdrawal due to a personal scheduling conflict is not accepted as a basis for refund.

Waiver of Liability

I understand and acknowledge that certain camp activities (whether or not listed on the Kids' Camp flyer) have a risk of injury associated with them. I hereby release, and agree to indemnify and hold harmless, Sierra Sport & Racquet Kids' Camp and its directors, employees, and representatives whatsoever from any and all losses, claims, damages, liabilities, costs, and expenses (including attorneys fee) which a camper may sustain or incur in any way arising out of or in connection with the camper's participation in any and all camp activities. Every precaution will be taken to provide a safe and secure atmosphere for all participants during SSRC Kids' Camp.

Conditions of Enrollment

I acknowledge that I read and agree to each of the following conditions of enrollment. In the event of a medical emergency, I hereby give permission to medical personnel to secure, at my expense, for the above/below named camper. I understand that all reasonable efforts will be made to contact me should an emergency arise.

General Matters

1. I agree that the camper and his/her parent/guardian will abide by the rules/regulations set by SSRC Camp Directors, Staff, and Volunteers for the health, safety, and welfare of the camper.
2. SSRC Kids' Camp reserves the right to dismiss a camper whose conduct is dangerous, illegal, disruptive, or detrimental to the facilities or others.
3. SSRC Kids' Camp reserves the right to cancel, change, or substitute programs or activities as listed in its publicity when necessary during the summer sessions, especially on excessively hot days.
4. I consent to the use of any pictures of my child(ren) in connection with the Camp's future advertising or promotion.
5. I understand that camper activities will involve swimming and various water sports. I certify to you that the camper can swim adequately to participate safely in such activities and that the camper suffers from no physical or medical condition, which would make his/her participation unsafe or unusually dangerous to the camper or others.
6. Parents are required to pick-up their children promptly at the end of camp. If your child will be going home with someone other than you or your spouse, the counselors must be notified. Children who are not picked-up at the conclusion of camp will be put in after camp care and you will be charged accordingly.
7. Due to the time spent in the sun, we urge parents to pack sunblock with their children (especially if they have sensitive skin and require specific sunblock) every day that they attend camp. We will apply sunscreen to your children multiple times per day. If your child is without sunscreen, we will apply our own sunscreen to protect them.

My signature on the registration signifies that I have read, understand and agree to all sections of the above Conditions, Waivers, Matters, and Policies.

Date: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____