

(Form must be completed and notarized before prior to arriving at camp. Be sure all information is provided and notary seal is affixed. Please fill out one form per person.)

STAFF/CAMPER MEDICAL RELEASE

THIS IS A TWO PAGE FORM!

Camper/Staff Name: _____ Sex: M F Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Date of last tetanus shot: _____ (For campers, tetanus must be current in order to enroll in camp)

Any allergies (including medicines)? _____

Camper: Are you up on all childhood immunizations? Yes No

If "no" explain: _____

HEALTH HISTORY

(Circle any illness child has experienced)

Asthma		Sinus Infections
Headaches	Allergies	Heart Trouble
Urinary Infection	Dizziness/Fainting	Blood Condition
Surgeries	Diabetes	Injuries
Earaches	Physical Handicaps	Seizures
Breathing Difficulties	Eye Condition	Hospitalizations

CURRENT MEDICATIONS (Please list all medications currently being taken): _____

In the event of an emergency requiring medical treatment, I give permission to the camp staff to obtain the services of a licensed physician. Notify me immediately of any such emergency. I affirm that the above information is correct.

X _____
(signature of staff or parent/guardian of camper)

STAFF/CAMPER HEALTH INSURANCE INFORMATION

Health Insurance Co. _____ Policy No. _____

In emergency call: _____ Relationship to camper: _____

Work phone: () _____ Home phone: () _____ Other phone: () _____

I affirm that this insurance is current & up-to-date:
(All staff & campers MUST have health insurance)

X _____ Date: _____
(signature of staff or parent/guardian of camper)

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CAMPER AGREEMENT TO CAMP POLICIES

We have reviewed all of the camp rules and information together with our child and agree that my child will participate in camp while following all of the camp guidelines.

X _____
(signature of parent/guardian of camper)

STAFF/CAMPER LIABILITY RELEASE FORM

In consideration for being accepted by the Cincinnati-Dayton Florida College Booster Club for participation in the Florida College Summer Camp, we (I), being 21 years of age or order, do for ourselves (myself) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless the Cincinnati-Dayton Florida College Booster Club and the directors and agents thereof, and Florida College and directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-mentioned summer camp.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Cincinnati-Dayton Florida College Booster Club to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said Booster Club and College, their directors and agents, for any liability sustained by said Cincinnati-Dayton Florida College Booster Club and College, their directors and agents as the result of the negligent, willful or intentional act(s) of said participant, including expenses incurred attendant thereto. I have no expectation that Florida College, Cincinnati-Dayton Florida College Booster Club, the directors or any of the staff carry any liability insurance coverage for events that occur at camp.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission of him (her) to participate fully in activities of said camp, which may include: swimming, archery, volleyball, basketball, kickball, horseback riding, zip lines, mine shaft, BB's, rifles, crafts, canoeing, football, baseball, soccer, hiking, Frisbee golf, track & field events, tennis, and any other activities listed on the camp registration form, or any other activities that may occur during the course of camp. I hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Type or print name of participant

Staff: Signature

Campers: Father's Signature

Campers: Mother's Signature

Date

Campers: Legal Guardian's Signature

(both parents must sign unless parents are divorced or separated in which case the custodial parent must sign.)

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by the above who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Name

expiration date

(S E A L)

For legal purposes this form will NOT be accepted if altered in any way.