

Camp Cool

Family/Medical Information Form

Camper's Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#:(Day): _____ (Evening): _____ (Cell) _____

Emergency Contact Name: _____ Phone: _____

Is anyone other than parent/guardian authorized to pick up your child? _____

If so, who? _____

Are there any custody concerns at this time? _____

Primary Physician: _____ Phone: _____

Does your child have any known allergies? _____

Does your child take any medications? _____

Should any medications be dispensed during camp hours? _____

Does your child have any medical conditions or health concerns that the staff should be aware of?

Does camper attend a school in the state of Maryland? Yes No

If no, a copy of your child's immunization record must be on file before attendance at camp.

Camper's Insurance and Policy #:

Physician and Phone number:

Date or best estimate of last Tetanus shot (**THIS MAY NOT BE LEFT BLANK**):

Health History and Medical Information: List any allergies and other restrictions which may hinder camper's ability to **fully participate** in all camp activities. Include pertinent health and/or behavior related information. (Please attach additional sheet if necessary.)

NOTE: If there is any change in health history, medication, or restrictions, it is the parent's responsibility to notify the camp immediately. Please note that by law, our first aid personnel cannot perform nursing functions.

Permission Agreement: In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks, and may result in injury to the participant. I Hereby assume all risks of personal injury or death and property damages from all cause whatsoever arising while my child is participating in such activity. My child is in good health and physically able to participate in said activity. I agree to waive and release Camp Cool, Ltd., Burtonsville Baptist Church, Educational Enrichment Foundation, and their officers, employees and agents, servants and all representatives and sponsors from any injury my child may sustain, or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent or borrow from Camp Cool. I understand that the program will not be operated by Burtonsville Baptist Church and it is in no way responsible for the actions of the camp. I authorize and consent to any emergency service, x-ray examination, medical diagnosis or treatment and hospital care to be rendered to myself or my child under the general or special supervision and on the advice of any physician licensed to practice medicine in the State of Maryland. Participants may be photographed and such photographs may be used to publicize activities.

I understand that a seventy-five dollar deposit is required per camper per session and is non-refundable. If my child is not able to attend scheduled session(s), I agree to give at least one-week's written notice to allow the spot to be filled. Otherwise, session balance is due on first day of session.

Parent's Signature _____ Date _____

Please Print Name _____

Please complete both sides

Academic Information Form

What is your child's favorite subject in school? _____

In your opinion, what are your child's academic strengths? _____

In what areas does your child have the most difficulty? _____

What hobbies does your child have outside of school? _____

Does your child have access to a computer at home? _____

If so, what activities does s/he do on the computer? _____

Does your child attend after-school daycare? _____ If so, which? _____

What other summer programs have your child attended? _____

What skills would you like your child to improve this summer? _____

What are your expectations of our program?

Please complete both sides

Please return completed form to:

Camp Cool

Attn: Mark Bizokas

P.O. Box 65

Spencerville, MD 20868