

# PARTICIPANT INFORMATION/EMERGENCY RECORD

## Medical Information

Date of Last Physical \_\_\_\_\_ Do you have health insurance? Yes/No  
 Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Information & Characteristics	Yes	No	Explanation & Comments
Allergies	_____	_____	_____
Medications	_____	_____	_____
Seizures	_____	_____	_____
Dietary restriction	_____	_____	_____
Physical limitations/restriction	_____	_____	_____
Chronic conditions/illnesses	_____	_____	_____
Any unusual fears	_____	_____	_____
Easily upset	_____	_____	_____
Physically aggressive	_____	_____	_____
Withdrawn, shy	_____	_____	_____
Hyperactive	_____	_____	_____
Please list any needed special assistance			_____

## Medication

Medicine name \_\_\_\_\_ Prescription # \_\_\_\_\_ Date filled \_\_\_\_\_  
 Prescribing Physician \_\_\_\_\_  
 Reason for Medicine \_\_\_\_\_  
 Directions \_\_\_\_\_

Dose:	Time(s):
M	
T	
W	
Th	
F	

## PARTICIPANT INFORMATION/EMERGENCY RECORD

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School child attends \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian with legal custody of child \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Name & address of first to contact (if parent/guardian cannot be reached) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Name & address of second to contact (if parent/guardian cannot be reached) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Persons authorized to pick up child from camp \_\_\_\_\_

Persons NOT authorized to pick up child from camp \_\_\_\_\_

### AGREEMENT TO RELEASE ASSUMPTION OF RISK

The undersigned is aware that there are certain risks involved in participating in the summer camp including but not limited to the risk of theft or damage to my property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the Washington Canoe Club (WCC) and/or other activities and services provided by the WCC, its employees and volunteers, on behalf of myself, my executors, administrators, heir, next of kin, and successors, hereby covenant to hold harmless and indemnify the WCC and all its officers, employees, and volunteers from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the summer camp. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on the field trips during this program. I understand that I will be informed in advance of any field trips. The camp agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardian authorizes the camp to obtain immediate medical care if an emergency occurs when he/she cannot be reached immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO RELEASE

I hereby give my permission without restriction to the WCC and its assignees to photograph or videotape my child during participation in summer camp. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for WCC programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_