

Floyd Hall Arena Summer Camp Health History Form

Camp Attending: Hockey Figure Skating

Camper Name: _____ Date of Birth: ___/___/___ Age: _____
Address: _____ Grade in September: _____
City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

Parent/Guardian 1:

Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Work Phone: _____

Parent/Guardian 2:

Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Work Phone: _____

Additional Contact in the event that parent(s)/guardian(s) cannot be reached:

Name: _____ Primary Phone: _____
Relationship to Child: _____ Other Phone: _____

PICK UP AUTHORIZATION

Please list all persons authorized to pick up your child. You are welcome to add or delete from this list at any time, but we will not release your child to anyone whom you have not listed.

Initial here if the individuals listed in the Emergency Contact section above are authorized to pick up your child: _____

Other Authorized Individuals:

Name: _____ Primary Phone: _____
Relationship to Child: _____ Other Phone: _____
Dates Authorized to Pick Up: _____ Parent Initials: _____ Today's Date: ___/___/___

Name: _____ Primary Phone: _____
Relationship to Child: _____ Other Phone: _____
Dates Authorized to Pick Up: _____ Parent Initials: _____ Today's Date: ___/___/___

GENERAL HEALTH INFORMATION

Allergies: Please describe any allergies the camper has, the reaction seen, and appropriate treatment:

Medical Concerns: Does the camper have any medical issues or restrictions?: _____

Explain any specific needs/accommodations required: _____

Medications: Please list any medications your child is currently taking (prescription and OTC): _____

Do any of these medications need to be administered during the camp day? If so, please provide and/or attach specific directions: _____

Is there anything else we should know in order to provide the best camp experience possible for your child?

Please attach a copy of any allergy, asthma, or other action plan(s) specific to your child

Date of last health examination: ___/___/___ Are all immunizations current? Yes No

If not, state reason(s): _____

EMERGENCY MEDICAL CONTACT INFORMATION

Name of Physician: _____	Phone: _____
Name of Dentist: _____	Phone: _____
Preferred Hospital: _____	Location: _____
Primary Insurance Company: _____	Location: _____
Name of Policy Holder: _____	Policy/Group #: _____

CONSENT FOR TREATMENT OF A MINOR

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"): _____

My consent is effective for the following time period: From ___/___/___ to ___/___/___

Signature of Parent or Legal Guardian: _____ Date: ___/___/___

PHOTOGRAPH RELEASE

I hereby give permission to Floyd Hall Arena and its employees to photograph my child during the camp session and to use my child's photo, image and/or likeness in any Floyd Hall Arena publications or advertisements at no compensation to me. I understand that my child's photo/image/likeness will ONLY be used in conjunction with Floyd Hall Arena and for no other outside business, person or entity. I understand that my child's name will not be displayed unless prior approval is obtained from me, the legal parent/guardian.

Yes, I do No, I do not

Signature of Parent or Legal Guardian: _____ Date: ___/___/___

FLOYD HALL ARENA PARTICIPANT

--READ BEFORE SIGNING--

In consideration of being allowed to participate in any way in Floyd Hall Arena programs, related events and activities,

I _____, the undersigned, acknowledge, appreciate, and agree that:
(PARENT/GUARDIAN NAME)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in Floyd Hall Arena programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation in these programs. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS FLOYD HALL ARENA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where Floyd Hall Arena is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ Age: _____ DOB: _____ Date Signed: _____
PARTICIPANT'S NAME (Please Print)

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

_____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

_____ EMERGENCY PHONE #(S)

_____ EMAIL ADDRESS

FHA PROGRAM: _____