

**CAMPER RECORD – MEDICAL/EMERGENCY INFORMATION
STARS & STRIPES ATHLETICS**

Participant Information

Child's First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 DOB: ____ / ____ / ____ Age: _____ Gender: _____

Parent/Guardian Information

1. Parent/Guardian First Name: _____ Last Name: _____
 Relationship to Child: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____
 2. Parent/Guardian First Name: _____ Last Name: _____
 Relationship to Child: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Information *MUST be over 16 years of age*

1. Emergency Contact First Name: _____ Last Name: _____
 Relationship to Child: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____
 2. Emergency Contact First Name: _____ Last Name: _____
 Relationship to Child: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Health Information *Please check Yes or No for each*

Immunizations up to Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motion Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism/ASD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional Impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease/Defects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Surgery/Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures/Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Please give detailed information for any YES checked above: _____

Allergies: _____

Medications *PLEASE NOTE, IF MEDICATION IS TO BE ADMINISTERED AT CAMP THE MEDICATION RECORD MUST BE COMPLETED:

Behavioral considerations and how they are handled: _____

Any other comments or concerns: _____

Physician's Name: _____ Phone Number: _____

Hospital for Emergency Treatment: _____

Insurance Company: _____ Policy Holder's Name: _____ Policy Group Number: _____



**PARENT/GUARDIAN AUTHORIZATION/RELEASE FORM
STARS & STRIPES ATHLETICS**

- I understand that my child may be participating in athletic camp sports or activities involving height or motion, including but not limited to inflatables, gymnastics, tumbling, play time, group activities, trampoline, dancing, circuit training, running, free weights, conditioning, obstacle courses, group fitness and athletic training. I understand that there may be inherent risks in these activities. My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.
- I understand that in case of injury, a parent/guardian and/or the emergency contact person will be called immediately for their decision on medical treatment. If a parent/guardian and/or the emergency contact person is not available, we, Stars & Stripes Athletics will use our best judgement as to what course of action to pursue and will continue to attempt to make contact. Stars & Stripes Athletics will not be responsible for any costs incurred as a result of illness or injury. A parent/guardian should notify Stars & Stripes Athletics if their child is exposed to any communicable disease during the three weeks prior to camp.
- I understand that I am granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp *if there is insufficient time to contact you*. I am giving the camp operator permission to secure routine, nonsurgical medical care for my child while attending camp.
- I understand that my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in any way by the Camp Instructor.
- I understand that if my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by the Camp Instructor/Director.
- I understand and give permission for photographs and videos of my child and/or myself be used in print or broadcast media as deemed appropriate for the promotion of Stars & Stripes Athletics.
- I understand that all camp sales are final. Stars & Stripes does not offer cancellations or refunds on camps. Stars & Stripes WILL allow you to change/switch camps the week prior to the start of the camp. Change/switch requests must be an equal trade (single day for single day, full week for full week, etc.) Change/switch requests will result in a "change/switch fee" of \$5.00 per switch. For staffing purposes, this MUST be done by 12pm the Friday before the upcoming camp week (the Stars & Stripes business office is not open on Saturday or Sunday during the Summer Camp season). We cannot accommodate changes/switches the week of the camp.

In the event that I am not able to pick up my child, he/she may be released only to the following people:

1. First Name: _____	Last Name: _____
2. First Name: _____	Last Name: _____
3. First Name: _____	Last Name: _____
4. First Name: _____	Last Name: _____
5. First Name: _____	Last Name: _____

DATES ATTENDING CAMP

Arrival Date: June 10, 2024	Departure Date: August 23, 2024
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PARENT/GUARDIAN PERMISSION IS REQUIRED

I, _____ [parent/guardian name (first, last)] have read and completely understand all terms and conditions of the authorization/release form. I give permission for _____ [child's name (first, last)] to attend and participate in the Stars & Stripes Athletics Summer Camp Program between the months of June-August.

Parent/Guardian Signature: X _____ Relationship to Child: _____ Date: _____

Select this box if you are signing this form with an Electronic Signature (digital signature or typed-printed name). I agree and understand that by signing this form with an Electronic Signature that this is the legal equivalent of my manual/handwritten signature.

