



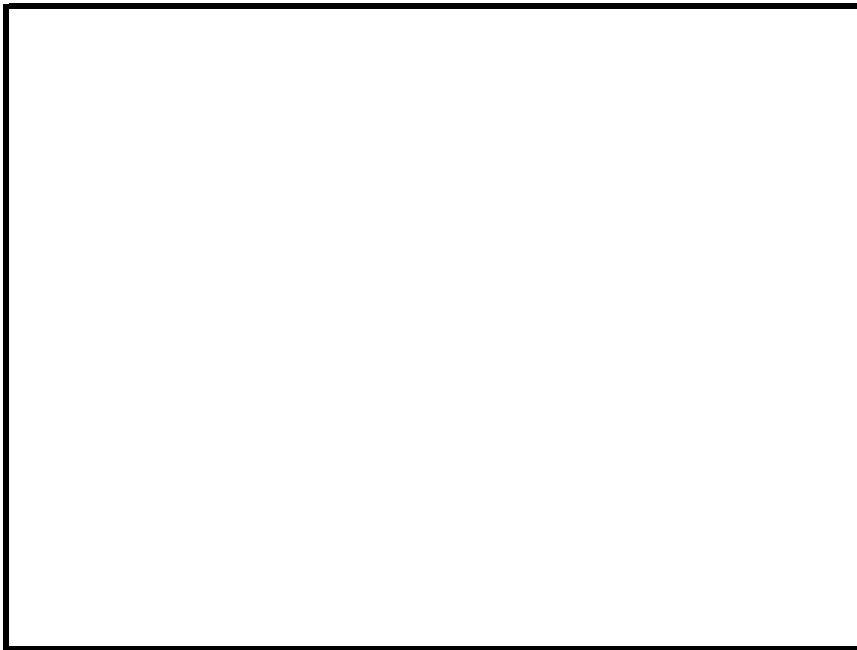
# S.O.Y. Summer Camp

August 13- 18, 2018

## Participant Profile

Participant Name: _____		Phone: _____	
Sex: Male _____	Female _____	Grade: _____	Age: _____
Birth Date: _____			
Height: _____		Hair Color: _____	
Eye Color: _____			

**For identification purposes, please attach a recent photo below:**



Emergency Contacts: The following individuals have my **unrestricted** permission to sign the above named child out from SOY and can be contacted in an emergency when I cannot be reached. **(Minimum of two required)**

Name	Relationship to Child	Home Number	Cell Number

Parent/ Guardian Name:	Cell Number:
Email:	Home Number:



Parent Information	
Last Name: _____	First: _____
Home Address: _____	
City: _____	Zip Code: _____
Email: _____	
Occupation: _____	Company: _____
City: _____	Work Phone: _____

Student Information				
Student Last Name	Student First Name	Birth Date	Sex M ___ F ___	Phone Number
Home Address		City	State	Zip Code

T-Shirt Size in Adult:    S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Medical Information	
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Does your child take prescribed medications?    \_\_\_ Yes    \_\_\_ No

*If yes, what kind?                      Medications    Side Effects*


Does your child have any allergies (food, medication, environment)?    \_\_\_ Yes    \_\_\_ No

<i>Allergies</i>	<i>Allergic Reaction</i>

Does your child have any special needs or need any accommodations?    \_\_\_ Yes    \_\_\_ No

*If yes, please explain:*

Does your child have any food restrictions?    \_\_\_ Yes    \_\_\_ No

*If yes, please explain:*

Please list any special problems/fears your child may have:

Child's Physician/Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CHILD'S HEALTH STATEMENT:** As the parent/guardian of the above named child, I, undersigned, assert that the information above is true and correct and understand that at SOY Camp, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed above) from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform SOY of any restrictions on my child's activities.

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

**MEDICAL AUTHORIZATION:** As the parent, authorized representative, or legal guardian, I hereby give consent to SOY to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.) dentist (D.D.S.) or osteopath (D.O.) for the above named child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child above.

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



Additional Information:

Do you (student) know how to swim? \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/ Guardian: Is there anything else we should know about your child?

**Release for Administration of Medication- Prescription and Non-Prescription**

The law allows certain persons to assist in carrying out a physician's recommendation. It is understood that SOY is not legally obligated to administer medication to my child or ward. Therefore, I agree to hold SOY, its personnel and employees free from any and all responsibility for the results of such medication or the manner in which it is administered.

All medication **MUST** be in its original container and labeled with the child's name and dispensing instructions. The medication will be dispensed in doses labeled on the container, no modifications will be accepted.

Please list all medications (including over-the-counter, prescription drugs) that the participant is **ROUTINELY** taking. Please provide enough medication to last the entire duration of the camp session.

Please be as specific as possible to ensure proper administration of medications. Use other side for further explanation.

**Daily Medication(s)**

Medication Name	Purpose	Dose	When

**As Needed Medication(s)**

Medication Name	Purpose	Dose	When

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



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## Release and Waiver of Liability and Indemnity Agreement

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In consideration of participating in any SOY program, event, field trip or using any SOY facility, the undersigned agrees to the following:

**1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE SOY**, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage on account of injury to the person or property except as caused by the negligence of the releasees.

**2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees from any loss, liability, damage or cost they may incur due to the undersigned's participation in SOY programs, event, field trip or use of SOY facilities except that caused by SOY negligence.

**THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

## Health History Form

For Use by Members of User/Rental Groups

All members of groups using/renting the facilities at Camp E.L.K. MUST complete this form, **per California health regulations**. All minors (under age 18) MUST have this form signed by the custodial parent or guardian.

\_\_\_\_ I, (please print), \_\_\_\_\_, am 18 years of age or older and I am declining to provide this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CAMPER INFORMATION** *If providing information (not declining) please fill in information below.*

First & Last Name	Age	Blood Type (if known)
Address	City, State, Zip	Birthdate
Home Phone	Cell Phone	E-mail Address

1. Are you currently taking any medications? \_\_\_ No \_\_\_ Yes - If YES please list medications.

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2. Do you have any health conditions (allergies, drug allergies, chronic conditions) or special circumstances (religious convictions or legal arrangements) which may affect program participation or that we should prior to emergency treatment? \_\_\_ No \_\_\_ Yes - If YES please explain

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3. When was your last tetanus immunization? \_\_\_/\_\_\_/\_\_\_\_.

4. Consent and Emergency Treatment Authorization: In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Emergency Notification - Please list two people to be notified in case of an accident or medical emergency.

First & Last Name			
Address		City, State, Zip	
Home Phone	Cell Phone	Work Phone	Relationship
First & Last Name			
Address		City, State, Zip	
Home Phone	Cell Phone	Work Phone	Relationship

6. Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Physician/Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Participant/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_