

**YSWPCS Summer Camp Registration
Health Record and Consent for Treatment**

(Please Print Legibly!)

Student Name _____ Age _____ D.O.B. _____

Address _____ City _____ Zip _____

E-mail _____

Parent/Guardian name _____

Home Phone _____ Cell Phone _____

1) Does the student have any known physical defects or illnesses, which might interfere with his/her participation in strenuous activities? _____

If yes, please explain:

2) Does the student have any severe allergies or extreme reactions to any medication? _____

If yes, please explain:

3) Is the student presently taking any medications or on any special diet or exercise restrictions? _____

If yes, please explain:

4) Indicate the date of the last TDB (Tetanus, Dip Tox, Booster shot) _____

5) Are there any emotional/social disabilities that would be helpful for us to be aware of? _____

Insurance Company _____

Policy Holder _____ Policy # _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend after school sports/summer camp/field trip/Project Work/co- curricular activity at YSWPCS. In order that my son/daughter receive the proper medical treatment in the event that he/she may sustain injury or illness in the period of after school sports/summer camp/field trip/Project Work/co- curricular activity, I hereby authorize the coaching staff/teacher in charge to obtain or provide medical treatment for my son/daughter for such injury or illness during after school sports/summer camp/field trip/Project Work/co-curricular activity, and I hereby hold YSWPCS coaches, and staff harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while participating in classes or traveling to and from games and field trips. If this occurs, I hereby authorize the coaching staff to refer my son/daughter to a medical treatment center. I further acknowledge and understand that I will be responsible for any medical bills that may incur on behalf of my son/daughter for

physical illness or injury that he/she may sustain during after school sports/summer camp/field trip/Project Work/co- curricular activity.

Understanding that there is always a risk that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release YSWPCS coaches, staff and teachers in charge from any claims of personal injury or illness that my son/daughter may sustain in after school sports/summer camp/field trip/Project Work/co- curricular activity. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of YSWPCS.

Signature of Parent/Guardian _____ Date _____

Emergency Contact Name _____

Emergency Contact Phone _____ (if parent is not available)