

REBOUNDERS GYMNASTICS SUMMER SESSION

7-A West Aylesbury Road
Timonium, MD 21093
410-252-3374

CAMP MEDICAL FORM



PLEASE NOTE: The following information must be completed by the camper's parent/guardian.
NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT PROPER COMPLETION OF THIS FORM
PRIOR TO THE START OF THE SESSION!
(ANY FORMS NOT FULLY COMPLETED WILL BE RETURNED)

Camper's Name _____ Girl _____ or Boy _____ Date of Birth ____/____/____
Street Address _____ City _____ State _____ Zip _____
Home Phone # _____ Parent's Work # _____ Cell Phone # _____ Other _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship to Camper _____ Phone # _____
Physician Name _____ Address _____ Phone # _____



MEDICAL INFORMATION

- 1. Date of Camper's last Physical Exam _____
2. Medical Insurance Carrier _____ Group # _____ Policy # _____
3. Insurance Carrier Address _____ Phone # _____
4. Does the camper have any allergies to medications, food or environment? No _____ Yes _____ If yes, please list below:
5. Does the camper have any medical or physical restrictions? No _____ Yes _____ If yes, please specify below:
6. Does the camper suffer from a chronic illness? No _____ Yes _____ If yes, please explain below:
*If medication will be required during camp session, medication must be in the original packaging, with original pharmacy prescribing information. A signed medication information form must be filled out before medication can be administered. (Forms are available at camp check-in.)
7. Does the camper have any physical, cognitive, language, social, emotional and/or sensory difficulties? No ___ Yes ___ If yes, please explain below:



IMMUNIZATION INFORMATION

- 1. Does the camper attend a public or private pre-school, elementary or secondary school in Maryland?
Yes _____ Name of School (required for attendance) _____
No _____ (If, no, see below) ***
2. Has the camper received the proper schedule of immunizations and boosters? Yes _____ No _____ (If no, see below) ***
3. Date of last tetanus (DTP) immunization: Month _____ Year _____ (Required for attendance)



***If your child does not attend a Maryland school or is exempt from immunizations due to medical contraindications or religious objections, please have the child's physician fill out and sign the MD Department of Health and Mental Hygiene Form 896 (Maryland Immunization Certificate) or a signed doctors immunization schedule. If your child is too young to attend school, is home schooled or attends a school out of state, an immunization form must also be attached

IMMUNIZATION INFORMATION AND/OR CERTIFICATION AND TETNUS INFORMATION IS REQUIRED PRIOR TO THE START OF CAMP, OR YOUR CHILD WILL NOT BE PERMITTED TO ATTEND.

AUTHORIZATION OF PARTICIPATION: To the best of my knowledge the above health history is correct and the individual herein described has permission to engage in all camp activities except as noted. I understand that falsification of any health-related information will result in the immediate dismissal of my child from camp.

AUTHORIZATION OF TREATMENT: I hereby give my permission to the medical personnel selected by the camp director to order treatment, x-rays, routine test and/or necessary transportation for my child. In the event an authorized individual can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure, recommend or administer treatment, including hospitalization for my child, if necessary.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____



www.rebounders.com

7-A West Aylesbury Road
Timonium, Maryland 21093
Phone: 410-252-3374
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CAMP TRANSPORTATION, FIELD TRIP PARTICIPATION, AND MEDICAL RELEASE WAIVER

PRINTED FULL NAME OF CAMPER _____ Birthdate: ____/____/____

TRANSPORTATION WAIVER AND FIELDTRIP PARTICIPATION RELEASE:

In the event that transportation is provided to an activity by Rebounders Gymnastics, Inc., I hereby give permission for my child to travel to and from those activities in the vehicle provided and to participate in the provided field trip and swimming activities, at other facilities . I agree not to hold Rebounders Gymnastics, Inc., its directors, officers, agents or employees liable for any accident or injury suffered or contracted in connection with such travel and participation in field trip and swimming activities.

MEDICAL ATTENTION RELEASE:

I hereby give my consent for Rebounders Gymnastics, Inc. to provide, through a medical staff of its choice, customary medical attentions, transportation, and emergency medical services as warranted in the course of my participation in Rebounders Gymnastics, Inc. activities. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said persons from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

I understand that the consent and authorization herein granted does not include major surgical procedures, unless necessary to save the individual's life. This consent is valid for one year from the date indicated below. A Xerox. Photocopy, or carbon copy of this authorization shall be considered as effective and valid as the original. I understand that I will be contacted as soon as possible in the event that my child is brought to the hospital for treatment. If I am not available, please contact:

Emergency contact: _____ Relationship to Camper _____
Phone # _____

I also consent to the release of a report containing diagnosis and other medical information related to the examination and treatment of the above patient to such agencies, including insurance companies, as might be considered with payment of charges for hospital services.

Insurance Carrier

Policy Number

Name of person holding the policy

Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship Date

Address

Work Phone # Cell Phone #