

MEDICAL HISTORY/CHECK-OUT PERMISSION FORM

CHILD'S NAME	BIRTHDATE	AGE
ADDRESS		
CITY	STATE	ZIP
PARENT/GUARDIAN 1 NAME	CELL PHONE	WORK PHONE
EMAIL	HOME PHONE	BEST CONTACT <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PARENT/GUARDIAN 2 NAME	CELL PHONE	WORK PHONE
EMAIL	HOME PHONE	BEST CONTACT <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP
EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP
FAMILY DOCTOR NAME	PHONE	WILL THIS CAMPER REQUIRE MEDICATION WHILE AT CAMP? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF "YES" PLEASE COMPLETE AUTHORIZATION TO ADMINISTER MEDICATION FORM</small>
DENTIST NAME	PHONE	
PLEASE LIST ANY PERTINENT MEDICAL CONDITIONS OR ALLERGIES YOU WOULD LIKE US TO BE AWARE OF		
PLEASE LIST ANY CONDITIONS REQUIRING SPECIAL CONSIDERATION, ACCOMMODATIONS OR RESTRICTIONS WHILE AT CAMP (USE BACK OF FORM IF NECESSARY)		

*** CAMP CHECK-OUT ***
INDIVIDUALS LISTED ON THIS FORM WILL BE ALLOWED TO PICK UP A CHILD.
PHOTO ID IS REQUIRED

_____ **My child may check themselves out**
INITIALS MUST BE 11 YEARS OR OLDER OR ACCOMPANIED BY AN 11 YEARS OR OLDER SIBLING

Immunization Status:

Immunizations are up to date
 Exempt from Immunization

Unimmunized children will be prohibited from camp in the case of suspected local outbreak.

In the Last 7 Days has your camper:

1. Had a fever of over 100 degrees? yes no
2. Had a sore throat? yes no
3. Had a cough? yes no

If you checked "yes" for fever AND one or two of the other symptoms, keep your child at home. Call our office to discuss rescheduling camp or to request a refund. Current recommendation is that children remain home for seven days after symptoms start, even if the child is no longer ill. If you have questions about your child's health or symptoms, call your child's healthcare provider.

THE WATERSPORTS CAMP
RELEASE AGREEMENT

1. I, the undersigned parent/person having legal custody/guardianship of the said minor listed below (the "Participant"), understands and acknowledges that the activities of wakeboarding, waterskiing, surfing, sailing, windsurfing, kayaking, stand up paddling, marine science, related water sports, beach activities, and transportation during camp (the "Activity") involve risks such as but not limited to risk of physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss which might result from the activity itself, the acts of others or the unavailability of emergency care.
2. In consideration for the Participant being allowed to participate in the Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the City of San Diego, the YMCA of San Diego County, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and their employees, officers, directors, volunteers and agents (collectively "Released Parties") from any and all claims, including claims of the Released Parties negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss the Participant may suffer because of participation in the Activity.
3. The undersigned acknowledges that the Participant has the skills, qualifications, and physical ability to properly participate in the activity and that the Participant is "water safe" (able to swim 50 meters and comfortably tread water). The undersigned agrees that if he or she has any questions as to what skills, qualifications and physical ability is necessary to properly participate in the activity, then they shall direct such questions to Camp management.
4. I agree to hold the Released Parties harmless from any and all claims, including attorney's fees or damage to personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If the Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that the Participant should carry their own health insurance.
5. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
6. The undersigned agrees to pay for any and all damages to any property of the Released Parties caused by the Participant whether negligently, willfully or otherwise.
7. **EMERGENCY TREATMENT CONSENT:** The undersigned hereby gives consent to medical treatment of the Participant in the event of an emergency.
8. **IMAGE RELEASE:** I give my consent for my child to be included in photographs, videos, slides, and movies taken at the Center by students, staff, TV, Radio and/or other news media. I understand that pictures become property of Associated Students of SDSU, and might appear in promotional materials, publications, and social media.

_____	_____
NAME OF MINOR	AGE

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR

I am the parent and/or legal guardian of the above-named Participant. I give my consent to the participation in the activity by the Participant. I have read and understand this agreement and realize the agreement involves releasing valuable legal rights of the Participant and myself. Nonetheless I agree to be bound by all of the terms of the agreement.

X _____
SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN DATE

This form must be returned to the camp office before your child can participate in the activities until the parent or legal guardian submits a properly signed release. This release may not be edited or changed in any way. If you have any questions regarding this release form, please contact the camp office at (858) 539-2003.

AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY
(page 1 of 2)

For the safety of our campers, we have a strict policy for the handling of medication at camp. If your child will be taking medication while at camp, please be sure to follow the specific procedures listed below. *Please note: Students will not be admitted to camp if these procedures are not followed.*

- We ask that students attending camp please take ALL medication and/or vitamins before camp, unless they MUST be taken during camp hours.
- ALL medication MUST be brought to camp in their ORIGINAL CONTAINERS and given to camp staff on the first day of camp. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self administering medication in accordance with the instructions below. In the case of emergency, or the camper cannot administer the medication themselves, a camp staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- Camp staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your camper and the medication they need to take during camp.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the week. Any medication and/or vitamins left at camp will be disposed of.

Medication #1: _____ Dosage: _____

To be taken at: _____

Possible side effects: _____

Medication #2: _____ Dosage: _____

To be taken at: _____

Possible side effects: _____

Medication #3: _____ Dosage: _____

To be taken at: _____

Possible side effects: _____

AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY
(page 2 of 2)

I HEREBY AUTHORIZE the designated representatives of The Watersports Camp to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of The Watersports Camp to provide the medicine to the camper to self-administer in accordance with instructions listed on this form. Should the camper be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release State of California, the YMCA, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by The Watersports Camp, its agents or representatives or employees.

Child's Name

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

Prescribing Physician

Physician Phone