



## 2017 CAMP REGISTRATION FORM

### CAMP SESSION

Kids Scuba Camp, Level 1:  July 10 – 14       July 31 – August 4

Kids Scuba Camp, Level 2:  August 7 – 11

Jr Open Water Certification Camp:  July 24 – 28

Jr Adventure Diver Camp:  August 28 – Sep 1

### PARTICIPANT INFORMATION

Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ J F M A M J J A S O N D \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
DAY MONTH YEAR

### PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  Home  Work  Cell Alt Phone \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  Home  Work  Cell Alt Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION/ AUTHORIZED TO PICK-UP

The following persons are authorized to pick up my child from camp and may also be contacted in the event of an emergency and neither the primary nor secondary contacts listed above can be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Food Allergies \_\_\_\_\_ Medicine Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

#### **OFFICE USE ONLY**

Deposit Date \_\_\_\_\_ Amount \_\_\_\_\_ Balance Due \_\_\_\_\_ Paid in Full  Invoice # \_\_\_\_\_

Student Record File  Liability Release  Medical Statement

Youth Risk & Responsibility Acknowledgement  Emergency Treatment Consent Form

## MEDICAL QUESTIONNAIRE

To the parent/guardian: Please check YES or NO to all of the following items to accurately reflect the participant's past medical history and present medical condition. A YES answer to any of these items requires written medical approval before being allowed to participate in scuba diving activities. If this applies, a separate form will be provided to take to the physician.

- YES    NO   History of respiratory problems or disease including asthma, emphysema, or tuberculosis
- YES    NO   Recurrent ear problems, ear disease or surgery
- YES    NO   History of sinus problems
- YES    NO   Problems equalizing (popping) ears with airplane or mountain travel
- YES    NO   Diabetes
- YES    NO   History of heart condition (e.g., cardiovascular disease, angina, heart attack)
- YES    NO   History of seizures, dizziness, or fainting
- YES    NO   Nervous system disorder
- YES    NO   Behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces)
- YES    NO   Recurrent back problems, history of back or spinal surgery
- YES    NO   Currently taking prescription medication that carries a warning about impairment of physical and mental abilities
- YES    NO   Has recently had an operation or illness
- YES    NO   Is currently under the care of a physician or has a chronic illness

Please note: If the participant has a cold, sinus congestion, or ear infection the week prior to camp he or she will need physician approval to participate in scuba activities.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with skin diving and scuba diving which may result in serious injury or death and have answered the above medical questions honestly and to the best of our knowledge.