

**** PLEASE CHECK ONE



Child of a member

Grandchild of a member

SRCC Youth Camp Medical Release Form

ALL CAMP PARTICIPANTS MUST SUBMIT THIS FORM

I hereby give my permission for any and all medical attention to be administered to my child,

Last Name: _____ First Name: _____ Member # _____

Gender: Male Female

Age: _____ Birth date: _____

Address: _____
(City) (State) (Postal Code)

In the event of an accident, injury, sickness, etc. under the direction of the persons listed below, until such time I may be contacted.

Custodial parent/guardian: _____ Home # _____

Cell # _____ Business # _____

Address: _____
(City) (State) (Postal Code)

Business Address: _____
(City) (State) (Postal Code)

Email Address: _____

Second parent/guardian/emergency contact: _____

Home # _____ Cell # _____ Business # _____

Address: _____
(City) (State) (Postal Code)

Business: _____
(City) (State) (Postal Code)

Email Address: _____

If not available in the event of an emergency, notify: _____

Relationship: _____ Home # _____ Cell # _____

Attention Parent/Guardian (VERY IMPORTANT):

Campers will not be permitted to participate in camp activities without a **medical form and the code of conduct completed and signed by a parent/guardian prior to the first day of camp.** ** In addition, campers may be refused medical treatment at local medical care facilities if medical form is not complete, insurance information is not provided and parent/guardian permission has not been granted. **Please give these details your utmost attention.**

Insurance Information

Is the camp participant covered by a health insurance plan?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If so, please provide name of insured: _____

Health Insurance Company: _____

Member ID #: _____

Group #: _____

In the event that myself, or any other emergency contact can not be reached, any of the following is designated to act in my behalf: (Please print YES or NO)

1. Camp Director _____
2. Lifeguards _____
3. Golf Professional _____
4. Shaker Ridge General Manager (Bill Sarver) _____

Name of family physician: _____

Address: _____
(City) (State) (Postal Code)

Phone #: _____

ALLERGIES (Please list all known):

Medication allergies (list):	Describe reaction and management of the reaction:
_____	_____
_____	_____

Food allergies (list):	
_____	_____
_____	_____

Other allergies (list) –include insect stings, hay fever, asthma, animal dander, etc	
_____	_____
_____	_____

Restrictions (The following restrictions apply to this individual):

Who **CAN** pick up your child (unless otherwise specified, your child will not be allowed to go home with anyone other than a parent):

Anyone who **CANNOT** pick up your child: _____.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary):

Lunch is ordered from the Snack Shack. Please indicate whether or not your child may get additional snacks after lunch (e.g. drinks, ice cream, chips etc). If there are any restrictions as far as what they cannot eat/drink please list. If **YES** – **please be specific as to what your child may have and how much OR write “No Restrictions.”** If **NO** additional snacks - **please write “No Additional Snacks.”**

If there is anything else that you feel the staff here at Shaker Ridge Country Club should be aware of in regards to the child named above please use the space provided to let us know. _____

Swimming: Please provide us with some information on how well your child can swim. (I.e. if your child is afraid of the water, can swim in only the shallow end, requires floatation devices while swimming etc).

**** Please be aware that your child will still be tested by the life guards on the first day of camp.**

Swim level:

Parent/Guardian Authorization: (required for all persons under age 18). This health history is correct so far as I know, and the person named above has my permission to participate in all camp activities except as noted by me. I hereby authorize the staff at Shaker Ridge Country Club to act according to their best judgment in an emergency requiring medical attention, and hereby waive and release Shaker Ridge Country Club and its staff from any liability for any injuries, accidents, or sickness incurred while at camp. All medical expenses incurred will be the responsibility of the camper or the camper's parent/guardian. Shaker Ridge Country Club and its staff are not responsible for personal items that are lost, stolen or damaged.

Parent/Guardian signature: _____ Date: _____

Print Name: _____ Relationship: _____

Please check one of the boxes below and sign:

I authorize Shaker Ridge Country Club to use any photos of my child and/or statements that have been obtained while engaging in Shaker Ridge Country Club camp programs to create a story for publication in their newsletters, annual reports, brochures, websites, or other promotional uses for Shaker Ridge Country Club.

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Parent/Guardian signature: _____ Date: _____

Print Name: _____ Relationship: _____