

DIAMOND GYMNASTICS

summer camp enrollment

GENERAL INFORMATION

Child Name	_____	Registration Date	_____
Parents Names	_____	Child Age	_____
Address	_____	Child Birthdate	_____
	_____	Phone (Home)	_____
	_____	Phone (Work)	_____
Email		1 st week of camp	

MEDICAL INFORMATION (list allergies, medication and other medical ailments)

Allergies	_____
Medication*	_____
Other	_____
* If medication is to be administered please complete Medication Permission Form.	

SIGN-OUT AUTHORIZATION (Individuals Other than Parent/Guardian)

Name	_____	Name	_____
Name	_____	Name	_____

EMERGENCY CONTACT (Please list three relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted)

Name	_____	Relationship	_____	Tel #	_____
Name	_____	Relationship	_____	Tel #	_____
Name	_____	Relationship	_____	Tel #	_____

CAMP WEEKS

Check each week enrolling	<input type="checkbox"/>	Week 1	<input type="checkbox"/>	Week 2	<input type="checkbox"/>	Week 3	<input type="checkbox"/>	Week 4	<input type="checkbox"/>	Week 5
(cancellation policy: last page)	<input type="checkbox"/>	Week 6	<input type="checkbox"/>	Week 7	<input type="checkbox"/>	Week 8	<input type="checkbox"/>	Week 9	<input type="checkbox"/>	Week 10
<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day									

CAMP T-SHIRT

Campers must wear a Purple T-Shirt AND Purple Tank-Top for camp daily. Diamond has both shirts available for purchase (\$10 each). Campers enrolled in 4 or more weeks will receive a both shirts free. Please circle style & indicate size below.

T-Shirt Youth Small Youth Medium Youth Large Adult Small

Tank-Top

DIAMOND GYMNASTICS

medical permission form & individual medication record

CAMPER INFORMATION	
Child Name	_____ 1 st week of camp
Medication	_____
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-prescription <input type="checkbox"/> Doctor's Approval Required
Condition	_____
Amount to be Administered	_____
Frequency of Medication	_____
Refrigeration Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possible Adverse Reaction (s)	_____

AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

Explanation; It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

AUTHORIZATION

I authorize Diamond Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Diamond Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ taken to CarePoint Health Hoboken University Medical Center or other nearby medical facilities for medical care.

Family Insurance Company	_____
Hospitalization Policy #	_____

I also authorize Diamond Staff to take a temperature reading if necessary using an armpit or ear thermometer.

List allergies or indicate "none"	_____
List Medical problems or indicate "none"	_____

SIGNATURE OF PARENT/GUARDIAN

Name	_____	Date	_____
------	-------	------	-------

STAFF MEMBER AUTHORIZED TO ADMINISTER MEDICATION

Name	_____	Signature	_____
------	-------	-----------	-------

DIAMOND GYMNASTICS

health history/immunization form (completed by Parent/Guardian or Physician)

GENERAL INFORMATION							
Child Name	_____			Child Birthdate	_____		
Parents Names	_____			Child Age	_____		
Address	_____			Child Sex	_____		
PHYSICAL EXAMINATION							
Height	_____	Weight	_____	Glasses (Y/N)	_____	Contact Lenses(Y/N)	_____
Child is found to be healthy and normal and may participate in all Camp activities (Y/N) _____							
Child has the following areas of concern _____							
Which will/will not affect participation as follows _____							
Other comments _____							
HEALTH HISTORY							
Previous Communicable Diseases and Dates _____							
Other Illnesses, Accidents or Operations and Dates _____							
Existing Allergies or Chronic Conditions _____							
Medications _____							
Special Needs, Individual Limitations _____							
Previous Screenings, Evaluations, Dates and Results _____							
IMMUNIZATION RECORD							
Vaccine type (M/D/Y)	Disease Date (M/D/Y)	1 st Dose (M/D/Y)	2 nd Dose (M/D/Y)	3 rd Dose (M/D/Y)	4th Dose (M/D/Y)	5 th Dose (M/D/Y)	M/D/Y
DIPHTHERIA, TETANUS, PERTUSSIS (OTP). If Td or DT* , indicate)	_____	_____	_____	_____	_____	_____	_____
POLIO-ORAL POLIO VACCINE (OPV). If Salk Vaccine indicate IPV	_____	_____	_____	_____	_____	_____	_____
MEASLES, MUMPS, RUBELLA (MMR)	_____	_____	_____	_____	or Measles Serology	Date	Titer
RUBELLA	_____	_____	_____	_____	or Rubella Serology	Date	Titer
MUMPS	_____	_____	_____	_____	or Mumps Serology	Date	Titer
Other, Specify: Manteux TB Test	_____	_____	_____	_____	_____	_____	_____
HAEMOPHILUS B (HIB)	_____	_____	_____	_____	Serology	_____	_____
Provisional Admission Attached (Y/N) _____				Medical Examination Attached (Y/N) _____			
Religious Exemption Attached (Y/N) _____				Date Granted _____			
Physician Name _____				Phone _____			
Physician Address _____							
Physician Signature _____				Date _____			

DIAMOND GYMNASTICS

DIAMOND GYMNASTICS INC. WAIVER/RELEASE OF LIABILITY

Please read carefully before signing. This is a release of liability and waiver of certain rights

I, _____, the Parent and/or Guardian of _____, _____, the enrolled participant of Diamond Summer Camp understand that gymnastics, rock wall climbing, park visits & swimming are daily activities of the camp, and that each could be considered **HAZARDOUS** activities. I also recognize that there are risks inherent in each of these activities.

The enrolled participant's parent/guardian hereby agrees to indemnify and hold harmless Diamond Gymnastics of Hoboken LLC., its coaches, officers, directors, agents and employees against any liability resulting from injuries that may occur to the participant in gymnastics, wall climbing, park visits, swimming and other ordinary camp activities. The parent / guardian of the participant also agrees to indemnify Diamond Gymnastics of Hoboken LLC. for any damages incurred arising from any claims, demands, action or cause of action by the participant.

The parent / guardian of the participant authorize any representative of Diamond Gymnastics of Hoboken LLC. to have the participant treated in any medical emergency during their participation in said activities. Further the parent / guardian agrees to pay all costs associated with medical care and transportation of the participant.

Any medical or health problems have been disclosed to Diamond Gymnastics Summer Camp.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

SIGNATURE OF PARENT/GUARDIAN

Date

AUTHORIZATION TO VISIT LOCAL PARK / SWIM CLUB

I give permission for my child to take a bus to the Secaucus Municipal Swim Club in Secaucus NJ and walk to local parks on a daily basis (weather permitting) during regular camp hours for the purpose of playground activities and swimming. I do understand that Diamond campers will be accompanied by Diamond Summer Camp Counselors.

SIGNATURE OF PARENT/GUARDIAN

Date

TUITION/CANCELLATION

All cancellations must be in writing. All tuition payments are fully refund- able by April 1, 2019. Cancellations received between April 2nd and June 1st will receive 50% refund; cancellations received after June 1st until the start of Camp receive 25% refund. There are no refunds for absences, changes or withdrawals after Camp starts. There are no make-ups for absences. No refunds will be made if the Camp should find it advisable not to open or to close Camp early for any unseen conditions or emergencies.

SIGNATURE OF PARENT/GUARDIAN

Date