

ULTIMATE WATERSPORTS SUMMER CAMP CONFIDENTIAL HEALTH RECORD

CAMPER'S LAST NAME : _____ FIRST NAME: _____ SEX: _____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY/STATE/ZIP _____ HOME PHONE _____

PARENT/GUARDIAN 1 : _____ PHONE(H): _____ PHONE(W): _____ PHONE(C): _____

PARENT/GUARDIAN 2 : _____ PHONE(H): _____ PHONE(W): _____ PHONE(C): _____

EMERGENCY CONTACT : _____ RELATIONSHIP TO CHILD: _____

PHONE(H): _____ PHONE(W): _____ PHONE(C): _____

PRIVATE PHYSICIAN NAME: _____ PHONE: _____

ALLERGIES: _____

INJURIES/ILLNESSES/SPECIAL NEEDS: _____

MEDICATIONS BEING TAKEN: _____

(GUARDIAN MUST COMPLETE PERMISSION FORM ON REVERSE SIDE AND OBTAIN A PHYSICIAN SIGNATURE FOR MEDICATIONS TO BE ADMINISTERED DURING CAMP HOURS.)

NAME/ADDRESS OF CURRENT MARYLAND

SCHOOL: _____

(PLEASE PROVIDE A LIST OF IMMUNIZATIONS IF CHILD DOES NOT ATTEND GRADES K-12 IN MARYLAND.)

IF CAMPER IS MISSING ANY REQUIRED IMMUNIZATIONS DUE TO MEDICAL OR RELIGIOUS REASONS, PLEASE EXPLAIN:

IN THE CASE OF A MEDICAL EMERGENCY, I AUTHORIZE ULTIMATE WATERSPORTS TO SECURE EMERGENCY CARE FOR MY CHILD.

SIGNATURE OF LEGAL GUARDIAN: _____ **DATE OF SIGNATURE:** _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, AND RETURNED TO ULTIMATE WATERSPORTS SUMMER PROGRAMS PRIOR TO THE START OF THE PROGRAM FOR WHICH YOUR CHILD IS REGISTERED. ULTIMATE WATERSPORTS SUMMER PROGRAMS CANNOT BE HELD RESPONSIBLE FOR MEDICAL INFORMATION THAT IS WITHHELD FROM THIS FORM.

ULTIMATE WATERSPORTS SUMMER CAMP PERMISSION FOR MEDICATION

CAMPER'S LAST NAME : _____ FIRST NAME: _____ SEX: _____ BIRTH DATE: _____

MEDICATION: _____ DOSAGE: _____

TIME OF ADMINISTRATION: _____ THIS IS A SELF-ADMINISTERED INHALER OR EPIPEN

SIGNATURE OF PRESCRIBER: _____ DATE OF SIGNATURE: _____

I HEREBY GIVE MY PERMISSION FOR _____ TO TAKE THE AFOREMENTIONED PRESCRIPTION AT CAMP AS ORDERED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FURNISH THIS MEDICATION. I FURTHER UNDERSTAND THAT THE NURSE, COUNSELOR, OR CAMP EMPLOYEE WHO ADMINISTERS ANY DRUG TO MY CHILD IN ACCORDANCE WITH WRITTEN INSTRUCTIONS FROM THE PRESCRIBER, SHALL NOT BE LIABLE FOR DAMAGES SUFFERED BY MY CHILD INCLUDING, FOR EXAMPLE, AN ADVERSE DRUG REACTION, AS A RESULT OF ADMINISTERING SAID DRUG. I CERTIFY THAT THE FIRST DOSE HAS BEEN GIVEN AT HOME.

IN THE EVENT THAT MY CHILD IS ATTENDING ULTIMATE WATERSPORTS SUMMER CAMP, I UNDERSTAND THAT A COUNSELOR, IN ACCORDANCE WITH THE ABOVE INSTRUCTIONS, WILL ADMINISTER THIS MEDICATION TO MY CHILD.

SIGNATURE OF LEGAL GUARDIAN: _____ DATE OF SIGNATURE: _____

NOTE: ALL MEDICATION IS TO BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER APPROPRIATELY LABELED BY THE PHARMACY OR PRESCRIBER, STATING THE NAME OF THE MEDICATION, THE DOSAGE, AND TIMES TO BE ADMINISTERED. A NOTE FROM THE PRESCRIBING PHYSICIAN OR A NEW PHARMACY LABELED CONTAINER, MUST ACCOMPANY ANY REQUEST FOR A CHANGE IN DOSAGE.

ULTIMATE WATERSPORTS Consent for Medical Treatment of a Minor

As parent or legal guardian of the above named student, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to the Franklin Square Hospital emergency department staff to begin evaluation and treatment to the person named above until such time I can be contacted. I hereby give permission to the emergency department staff of an appropriate hospital chosen by the camp staff to begin evaluation and treatment to the person named above until such time I can be contacted in the event that an emergency occurs while at an off-site event or during transit to or from an off-site event. This completed form may be photocopied for trips out of camp.

Signed _____ Date _____

ULTIMATE WATERSPORTS Consent to Publish Photographs or Videos of Camper

Permission is hereby granted for photographs and/or videos to be taken of my child at camp and Ultimate Watersports has the right to utilize these images in their brochures, videos, slideshows, Web site, and other camp materials.

Signed _____ Date _____

Ultimate Watersports Release Agreement

Please print Clearly

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

NOTE TO THE PARTICIPANT

Participation in any watersport exposes the participant to certain risks and dangers. Accidents and injuries (superficial to fatal) resulting from the forces of Mother Nature, other boaters (both power and sail), malfunctioning equipment, unseen obstacles, fatigue, and your own misjudgment are a very real possibility.

Ultimate Watersports considers safety to be its utmost concern and as such, its staff includes individuals trained in life saving, water safety instruction, C.P.R., and Red Cross First Aid. The nature of these sports, however, makes it impossible to foresee and protect the participant from all conceivable dangers associated with water and watersports. Once the participant leaves the safety of the shore and enters the water, he/she must be prepared to assume all risks associated therewith.

Ultimate Watersports shall be responsible for and shall indemnify and hold the State of Maryland, Department of Natural Resources and all of their representatives harmless from any damage to property in or about the are and, from any claims, suits, actions, or liabilities arising from injuries to persons, including death, which are caused by any act or omission of Ultimate Watersports or Ultimate Watersports' agents, servants, employees, contractors or invitees.

AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ THE FOREGOING PRIOR TO THE SIGNING THEREOF AND AGREE AS FOLLOWS:

1. I hereby affirm that I have been well advised and thoroughly informed of the inherent dangers of Windsurfing, Kayaking, and Sailing
2. I here by agree to indemnify and hold harmless Ultimate Watersports, and staff, and the State of Maryland and all of the State's representatives, and the Department of Natural Resources from any and all liability for any harm, injury, death, or damages (physical, mental, or monetary), regardless of fault or negligence, which may befall me while participating in this program or while using Ultimate Watersports facilities. This release shall be binding upon my family, heirs, and administrators.
3. The undersigned here by certifies that the student is a proficient swimmer and agrees for the student to be tested by the Ultimate Watersports to determine the student's level of swimming proficiency if requested. Student agrees to wear a life vest.
4. I hereby agree to heed at all times the advice and instructions of Ultimate Watersports staff and to practice common sense water safety procedures.
5. To the extent provided by State Law, I also freely and voluntarily waive all claims for damages or loss to my person or property, or the ^{GP} person or property of third parties, that my be caused by an act, or failure to act, of the State Forest and Park Service (SFPS) or its agents and employees, and release the SFPS and the State of Maryland from any and all claims.

Medical Information

Camper has a history of:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Handicap | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Respiratory problem | <input type="checkbox"/> Recent operation or illness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sinus problem |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Smoking | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Wears contacts or glasses | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Mental/Emotional problems |
| <input type="checkbox"/> Problem if not listed above: | <input type="checkbox"/> Drugs/Medications | <input type="checkbox"/> none of the above | |

I certify that the above information is correct to the best of my knowledge:

Date: ___/___/___

Camper: _____

Date: ___/___/___

Parent/Guardian: _____