

M.V. SKATE
Summer Drop - Ins
CAMPER HEALTH HISTORY AND WAIVER

***Please complete this form and bring to the park, along with check made out to M.V. Skate. ***

Drop in date(s): from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name:

First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____

Camper Home Address:

Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Relationship to Camper _____

Preferred Phones: (_____) _____

(_____) _____

Email: _____

Home Address: (If different from above)

Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____

Relationship to Camper: _____

Preferred Phones: (_____) _____

(_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____

Relationship to Camper: _____
Preferred Phones: (_____) _____
(_____) _____

Allergies:

- No known allergies.
 This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe on an additional page what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- This camper eats a regular diet.
 This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe on an additional page.)*

Restrictions:

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe on an additional page.)*

Medical Insurance Information:

All campers must be covered under their own insurance policies.
This camper is covered by family medical/hospital insurance Yes No
Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company _____

Policy Number _____

Subscriber _____

Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I hereby release Martha's Vineyard Skate Camp and the Martha's Vineyard Skate Park, their employees and volunteers from any liability claims, demands, actions and cause of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child/legal ward, while participating in camp activities or while on the premises where activities are being conducted.

Signature of Custodial Parent/Guardian:

Date: _____