



"Teaching Values Through Recreation"

Registration/Health Form

Name _____ Date _____

Address _____

Email Address _____

Birth Date _____ Age _____ Grade Entering _____ Male/Female _____

Father's Name _____ Phone _____ Cell _____

Mother's Name _____ Phone _____ Cell _____

In Case of Emergency Please Notify _____ Phone _____

| | | |
|-------------|----------------------------|-----------------------------|
| Camp Dates: | Session 1 – July 6-July 17 | Session 2 – July 20-July 31 |
| Camp Rates: | \$400/2 week session | \$700/4 week full session |

Session (circle): 1 2 both Payment Amount: \$ _____

***mail payment (check/money order) with registration to:**
Summer Solutions Inc.; c/o Paul Basdekis; 45446 Conductor Terrace; Sterling, VA 20166

Health History. (Please explain any chronic or recurring illnesses or medical condition)

Present Pertinent Health Data. (List specific allergies to food or medication and treatment. List any special dietary regimen, medicine your child is taking, psychological problems, learning disabilities, fears, difficulties adjusting to new situations, etc.)

Name and telephone number of regular physician or health care facility:

Name _____ Phone Number _____

| | |
|---|------------|
| This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION FOR TREATMENT: 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 my child as named above. | |
| SIGNATURE OF PARENT OR GUARDIAN _____ | Date _____ |



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CAMP PARTICIPATION WAIVER

Release, Waiver of Liability, and Covenant Not to Sue
(TO BE SIGNED BY PARENT OR GUARDIAN)

Applies only to: Pro-Active Summer Camp

I hereby give permission for my child _____ (name of camper) to participate in all of the activities and field trips selected for Pro- Active Summer Camp.

I hereby acknowledge my awareness that my child’s participation in these field trips may involve risks of property damage, and of bodily or personal injury, or even death. These risks may include motor vehicle accidents, sprains, bruises, falls, broken bones, and drowning, as well as other risks that may not be foreseeable. I hereby assume any and all such risks. I further agree on behalf of myself, my heirs, and personal representatives, that Pro-Active Summer Camp, along with its members, officers, directors, or employees shall not be liable for any injury, loss of life or other loss or damage occurring as a result of participation in the camp program.

I hereby give my consent to Pro- Active Summer Camp to provide, through a medical staff of its choice, customary medical attention, transportation and emergency medical services as warranted in the course of participation in the activities of the summer camp.

I certify that my child will be participating in the program with my full knowledge and consent and that I have read and understood the above.

SIGNATURE (PARENT/GUARDIAN): _____

PRINTED NAME (PARENT/GUARDIAN): _____

RELATIONSHIP TO CHILD: _____

CHILD’S NAME: _____ DATE: _____