



# UMF Fitness and Recreation Center Children's Health and Emergency Information Form

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of camp/activity that the child will be participating in: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day-time Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List two other persons other than the parent/guardian to contact in case of an emergency:

[1] Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[2] Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any special dietary restrictions: No Restrictions [ ] Vegetarian [ ] Vegan [ ] No red meat [ ]  
No Dairy [ ] No shellfish [ ] Kosher [ ] Other \_\_\_\_\_

**Health History:**

Has or is subject to/history of (check all boxes that apply):

Asthma [ ] Motion sickness [ ] Diabetes [ ] Fainting [ ] ADD [ ] ADHD [ ] Poison Ivy [ ]  
Sinus Trouble [ ] Hypoglycemia [ ] Seizures [ ] Shoulder problems [ ] Back problems [ ]  
Hip problems [ ] Knee problems [ ] Ankle problems [ ] Vision problems [ ] Hearing problems [ ]  
LD [ ] Other (please explain): \_\_\_\_\_

**Allergy to any of the following:**

Bee sting [ ] Aspirin [ ] Penicillin [ ] Medications (please list): \_\_\_\_\_

Nuts [ ] Other foods (please list): \_\_\_\_\_ Other: \_\_\_\_\_

If yes to any of the above allergies, please describe reaction and how to treat it: \_\_\_\_\_

Please list any current prescription or non-prescription medications that will be taken during this program time: \_\_\_\_\_

Any restriction of activity for medical reasons? Yes [ ] No [ ] If Yes please describe: \_\_\_\_\_

Is there anything else we should know, such as phobias, sensitivities, etc: \_\_\_\_\_

**Has had inoculations or vaccinations for:** Measles [ ] Mumps [ ] Chicken Pox [ ] Tetanus [ ]

In case of emergency, I hereby give permission to the site director to allow a selected physician to hospitalize, secure proper treatment, offer injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Other than the parent/guardian, please list all persons permitted to pick your child up from the above listed FRC program. FRC staff will only release the above named child to individuals listed below.

Name:	Relation:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the guardian of the above named participant understand that in order for my child to walk, run, bike, or take any other mode of transportation leaving on their own accord from the FRC and the children's program will need to provide a written note stating in detail the circumstances, and the time that the child would depart the FRC's children's program. \_\_\_\_\_

Initial

Date



## Children's Program Waiver

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ having enrolled my child in a UMF Fitness and Recreation Center activity, being of legal age, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to enroll my child in Summer Daze Camp Session # \_\_\_\_\_, and in consideration of my child being permitted to participate in this activity, do voluntarily execute this release and waiver of liability on behalf of my child, myself, my heirs and next of kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of \_\_\_\_\_, and understand that this activity may include other similar activities which could be dangerous to my child. Such dangers, hazards and risks of this activity may include, but are not limited to injuries, inflicted by the following: sports activities, physical challenges, pool activities, outdoor activities including but not limited to the following: canoeing, hiking, ropes course, swimming, nature walks, fishing, rock climbing, camping, sailing, paint-ball, water slides, laser tag, white water rafting, kayaking, horseback riding, mountain biking, camping and any other activities the group leader(s) may choose.
3. I hereby release, waive, discharge and covenant not to sue the participants, counselors, students, members, instructors, owners, workers, employees, volunteers, divers, rescue personnel, owners and lessees of premises used to conduct the event(s), and all for the purpose herein referenced to as "releasees,:" from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the event(s), whether caused by the negligence of the releasees or otherwise.
4. Hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
5. Hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
6. Hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
7. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of the negligence by the Releasees, including negligent rescue operations and is intended to be as broad and inclusive as is permitted but the laws of the Province or State in which the event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Assented and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

**I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes and or sound recordings of my child for use in materials the UMF FRC may create.**

Participant's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_