

Lake Monroe Sailing Association

Summer Youth Camp 2023 Medical and Health Form

General Information

Participant: _____ Gender: ____ Age: ____ Birthday: ____/____/____ Grade (next year): ____
(Last, First, Middle)

Legal guardian: _____ E-mail: _____
Address: _____ City: _____ State: ____ Zip: ____
Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____ Pager: (____) _____

circle the phone number where it will be easiest to reach you while your child is at camp

This person is authorized to make changes to the information on this medical health form and pick up this child (circle one). Yes No

Legal guardian: _____ E-mail: _____
Address: _____ City: _____ State: ____ Zip: ____
Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____ Pager: (____) _____

Please circle the phone number above where it will be easiest to reach you while your child is at camp.

This person is authorized to make changes to the information on this medical health form and pick up this child (circle one). Yes No

We will only release your child to persons that you designate on this form. Is anyone else authorized to pick-up your child from camp? Yes No Please list their names/relationships in the following spaces.

Name: CDR Doug Groters, Head LAST Sailing Instructor Relationship to child: NJROTC Instructor
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Medical Information

Family Physician: _____ Office Phone: (____) _____ Emergency Phone: (____) _____
Insurance Provider: _____ Policy Number: _____ Policy Holder: _____

Does your child have:	Yes	No	Additional Information
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Allergies?			
Infections or Diseases?			
Dietary Modifications			
Any medications? If yes, do these need to be given at camp (circle one)? Yes or No			
Limited Physical, social, cognitive and/or behavioral skills?			

Date of child's most recent immunizations: DTAP: _____ MMR: _____ Tetanus: _____ Other: _____

*** This health form is valid for all Summer Sailing Youth Camps during the 2023 season. If there are any changes to this information, please contact Walter Johnson at Lake Monroe Sailing Association at 812-824-4611.**

Reasonable Accommodations

Does your child require accommodations due to health, physical, social, cognitive, and/or behavioral needs? (Please circle one.) YES NO
 (If yes, you will be privately contacted by a representative of Lake Monroe Sailing Association for further information.)
****We require at least two weeks' notification for accommodation requests. In some cases, it may take longer.***

Emergency Contacts

Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.

Name: _____ Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Name: _____ Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Name: _____ Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Name: _____ Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Waiver Statement (must be signed to participate)

I understand this waiver is valid for all Youth Sailing Camps during the 2023 season. I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos for advertising and publicity purposes.

I recognize that because of the potentially hazardous nature of this activity that an injury may be sustained. In the event of such an injury to my child, and I or anyone listed on this form can not be contacted, I give permission to the attending physician to render such treatment. I now release the Lake Monroe Sailing Association and the Bloomington Parks and Recreation Department, its employees, agents, and assigns, for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds myself, my spouse, my heirs, executors, and administrators.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Legal Guardian: _____ Date: ____/____/____