



Fearless Allstars Cheer and Dance

Health & Information Form: Participant

(Please Print)

Instructions: Complete this form carefully and accurately, and **bring it to the program on the first day of camp**. Be sure to attach all required additional forms for medication and for immunization verification (see instructions below).

Participant Information

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____

Parent/Guardian Name(s): _____ Child: Male Female

Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

In case of emergency and a parent is not available, list two emergency contacts:

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from camp:
(List your name and any other individuals you authorize who are at least 16 years old.)

1. _____ 2. _____

3. _____ 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Montgomery County Recreation camps must have current immunizations that are consistent with State of Maryland school requirements.

My child is registered at a Maryland licensed school or day care as follows: _____
(Note: Attending a licensed public or private school or day care in the state of Maryland verifies immunization.)

My child is not registered in a Maryland licensed school or day care (i.e., Your child is not yet registered in any school or day care, is home schooled, or attends an out-of-state school).

My child must be exempted from immunization on medical or religious grounds. (over)

Health Information

Print Name of Child: _____

- Date of Child's last Tetanus shot: _____ **(must be completed for child to attend)**
- Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? No Yes **(If yes, provide physician's statement)**
(Note: For emergency medical treatment, 911 will be called.)
- List medications and dosages: _____
- List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.

- List your child's allergies: _____

Camper Code of Conduct

In order to help your child meet acceptable behavior standards, you and your child are expected to read the Camper Code of Conduct together. By signing below, you are acknowledging that you have read, discussed, and agree with the Camper Code of Conduct and that failure to follow it will result in disciplinary action.

Parent Signature: _____

Date: _____

Camper Signature: _____

Date: _____

Registration Release Statement

The participant assumes all risks associated with participation in the program; Fearless Allstars assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, Fearless Allstars encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the Fearless' use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves of his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: _____

Date: _____