

Medical Information

Special Needs: Yes No If Yes Please Explain: _____

Allergies and common reaction _____

Is Camper presently taking any medication? _____ If yes, name of medicine and condition being treated

Will medicine be taken while child is at camp? _____

What times will medicine be taken? _____

(Medical form will need to be filled out if child will require medicine at Camp)

Does child have diabetes, epilepsy, hyperactivity, autism or any other medical/emotional condition that his/her counselor should know about?

Name of Physician _____ Phone Number _____

Permission to seek medical treatment

I give City of Elgin staff permission to seek medical treatment for my child in case I cannot be reached. I give permission for my child to be transported to the nearest hospital and to the hospital officials to begin treatment of my child. I understand that the City of Elgin and the day camp are not responsible for any medical bills that may be incurred.

Signature of parent/guardian

Permission to watch G and PG rated movies: _____

Signature of parent/guardian

Program Waiver

WAIVER: I hereby agree and understand, in exchange for good and valuable consideration, including but not limited to the services and access provided with my membership, the receipt and sufficiency of which are hereby acknowledged, that I (or to the extent I am signing on behalf of any of my family members including but not limited to the minor children) assume and acknowledge the risks inherent in the above-mentioned activities and further agree to the fullest extent permitted by law to indemnify, defend, waive and hold the City of Elgin, its officials, officers, employees, agents, independent contractors or any other related person or entity, harmless from and against any and all liability, claims for damages, causes of action, judgments or suits to which I or my family members, heirs or assigns may otherwise be entitled, resulting from my or my family member's membership and/or participation in the above program(s).

I further understand that no hospitalization, health or accident insurance coverage has been provided with this registration. I hereby consent to any above listed minor or other person's participation in any programs provided for hereby and consent to emergency medical treatment for any such minor or other person. I further hereby warrant and represent that I have legal parental or other lawful authority to so consent and register any such aforementioned minor or other person. I further warrant and represent that I am fluent in the English language and have read and understand all of the provisions of this form. To the best of my knowledge, there are no physical or other conditions which may interfere with my participation or the participation of any minor or other person for whom I am signing this waiver and registration in this program or which may unreasonably endanger any other person. I also acknowledge and hereby agree to abide by the City of Elgin's refund/cancellation policy. In the event that the duty to defend provisions of this paragraph are invoked, counsel for the City of Elgin's defense shall be of the City of Elgin's choosing. The provisions of this waiver shall survive any termination and/or cancellation of any affected person's membership. **In the event that this waiver is submitted unsigned or altered, registration in the above mentioned activity will not be allowed.**

Parent/Adult Signature _____ Date: _____