

Youth Camp Health Exam/Record for Campers and Staff

Physical Exams are valid for 1 year from Date of Last Examination

To comply with New Jersey State Youth Camp laws and regulations, **Campers will not be able to participate in any activities without a physical form signed by a doctor or school nurse and the below release statement by a parent or guardian.** We ask you to complete and return this form **on or before** the first day that your child attends camp. He or she **will not be permitted** to participate in camp activities until **both sides** of this form have been completed. If you have more than one child participating in camp, please complete a medical form for each child. All information will be kept confidential.

Camper: _____	Staff: _____ (check one)		
Name:	Age:	DOB:	Ht/Wt:
Address:			
Home Phone:		Cell Phone:	
Work Phone:		Other Contact Number:	
Emergency Contact Name:		Emergency Contact Phone:	
Insurance Company Name:		Policy #/Group #:	
DATES of CAMP:			

In consideration of the sign-up for the 2010 Junior Summer Camp program at The Hopewell Tennis & Swim Center, I do hereby for and on behalf of myself and my heirs and legal representatives release and discharge Tar-A-Mar Properties, LLC, Wunder Sports Ent., Inc., T/A Hopewell Tennis & Swim Center, T/A John Wunder Tennis Academy and their officers, Directors, employees and representatives, of and from any and all claims and demands of every kind, nature and character for any loss, injury or damage which my child may suffer or sustain, by negligence or otherwise, in connection with any aspect of the Camp program or any travel to and there from.

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

I hereby give Hopewell Tennis & Swim Center and its representatives the power to authorize and consent to the administration of emergency care by EMT or any other emergency services for my child if an emergency arises.

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Complete both sides... **REVERSE SIDE MUST BE COMPLETED
BY PHYSICIAN or SCHOOL NURSE**

Hopewell Tennis & Swim Center Camp Medical Form (continued)

BOTH SIDES MUST BE COMPLETED IN FULL PRIOR TO PARTICIPATION IN CAMP

To be completed by the Specified Medical Practitioner:

Date of Exam: _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical Information pertinent to routine care and emergencies:

Is the individual taking prescription medication*? _____ Yes _____ No

If Yes, indicate prescription(s) _____

* Please request and complete medication administration consent form if your child requires medication during camp hours.

Does the individual have allergies? _____ Yes _____ No

If Yes, explain: _____

Is the individual on a special diet? _____ Yes _____ No

If Yes, explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on immunization Practices:

	Yes	No
Measles		
Mumps		
Rubella		
Chickenpox		
Tetanus		
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

Print name of medical care provider: _____

Medical Care Provider's address: _____

Medical Care Provider's Phone number: _____

(Signature of Physician, APRN or PA)

(Date form Signed)