

Camper's Name: _____

Circle One: Boy / Girl Age: _____ Weight: _____ Height: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: Evening: _____ Day: _____

Are there any activities in which the above camper should not participate? _____

Are there any medical conditions that will require special attention: _____

Please list any prescription medications that the camper is currently taking: _____

I hereby certify that the above named camper is physically able to participate in the Jayhawk Summer Camp and that I know of no restrictions, physical impairments, or any other facts that in any manner limit the above named camper's participation.

Signed: _____ Date: _____

Please circle those illnesses or conditions that the camper has had: German measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, and High Blood Pressure

Immunizations (Show dates)	Allergies (Yes or no)	Drug Reactions (Yes or no)
Tetanus Toxoid _____	Hay Fever _____	Sylph _____
Polio Vaccine _____	Asthma _____	Penicillin _____
Tuberculin Test _____	Eczema _____	Antibiotics _____
Measles _____	Insect Stings _____	Aspirin _____
Rubella _____	Other _____	Other _____
Mumps _____	Other _____	Other _____

Physician's Name: _____ Phone: _____

Health Insurance Information:

Carrier Name: _____ Policy Number: _____

Name of Policy Holder: _____ Holder's Date of Birth: _____

I, the parent or guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking any action. I hereby waive and release the staff, camp management, university, and sponsors of the Jayhawk Summer Camp from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I further understand that Jayhawk Track Camps retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed: _____ Date: _____