

**The RAC Summer Camps
Emergency Form
603-382-0641**

Camper Information

Camper's Name: _____
Last First M.I.

Date of Birth: _____ Age: _____ Grade Next School Year: _____
Month/Day/Year

Parent/Guardian Information

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Emergency Contact

If a parent/guardian is unavailable, please list an adult familiar with your child that we may call in case of emergency.

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Medical Insurance Carrier: _____	Subscriber #: _____
Camper's Physician: _____	Telephone: _____
Camper's Dentist: _____	Telephone: _____

Does your child wear contact lenses? _____
Does your child have any medical condition that we should be aware of? _____

Allergies (please describe, if any): _____
Current Medications, if any: _____
Will any medications be taken at camp? _____

Immunization Records

In accordance with the board of health, each camper attending The RAC Summer Camps is required to submit a current immunization record and a copy of his/her most recent physical exam (dated within the last 24 months). Please attach a current immunization record from your physician and a copy of your child's most recent physical exam to this form.

Release Statement

I, the parent/guardian of _____, give permission for my child to receive emergency medical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact me, and/or the emergency contact above, before taking this action. By enrolling my child, I ensure that he/she is physically and mentally able to participate in all of the program activities. I hereby waive and release The Rockingham Athletic Club – it's Directors and Staff from any liability for any injury or illness incurred while attending camp. I understand that there is risk of injury to my child 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 any injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. In absence of insurance, I agree to pay all charges.

Signed (Parent/Guardian)

Date