



<b>Participant</b>	Name <input type="text"/> First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>					
	About <input type="text"/> Birth date <input type="text"/>		<input type="text"/> Sex <input type="text"/>			
	Address <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>					
<b>Parent(s) / Guardian(s)</b>	Contact #1 <input type="text"/> Name <input type="text"/>		<input type="text"/> Home Phone <input type="text"/>		<input type="text"/> Cell Phone <input type="text"/>	
	Contact #2 <input type="text"/> Name <input type="text"/>		<input type="text"/> Home Phone <input type="text"/>		<input type="text"/> Cell Phone <input type="text"/>	
	Alternate Contact <input type="text"/> Name <input type="text"/>		<input type="text"/> Home Phone <input type="text"/>		<input type="text"/> Cell Phone <input type="text"/>	
	<input type="text"/> Work Phone <input type="text"/> Relationship <input type="text"/>					
<input type="text"/> Email Address						
<input type="text"/> Comments, Concerns, Other Phone Numbers (Use Back If Necessary)						
<b>Medical</b>	Physician <input type="text"/> Name <input type="text"/>		<input type="text"/> Phone Number <input type="text"/>		<input type="text"/> Hospital/Clinic <input type="text"/>	
	Insurance <input type="text"/> Insurance Provider <input type="text"/>		<input type="text"/> Name of Holder <input type="text"/>		<input type="text"/> Holder's Social Security Number <input type="text"/>	
	<input type="text"/> Date of Last Tetanus Shot <input type="text"/>					
	<input type="text"/> Allergies, Medication Allergies, Injuries					
<input type="text"/> Current Medication(s) and Dosage(s)						
<b>Waivers and Agreements</b>	<b>AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER</b>					
	<p>I understand gymnastics and other sports activities involve risk and possible injury, even paralysis or death. I understand that it is my responsibility as a parent/guardian not to let my child participate if he/she has any physical, emotional, or other problems that might compromise safe involvement. I understand that injuries can and do occur and that health insurance is a requirement. I understand that PorterCamp does not carry medical insurance for participants and forever release the corporation, staff, owners, facility &amp; equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, or traveling to or at related activities. I hereby release, discharge, and covenant not to sue PorterCamp, its respective administrators, directors, instructors, coaches, supervisors, officers, volunteers, other participants, and sponsors, advertisers, and, if applicable, owners and lessors of premises, on which the activity takes place (each considered one of the "releases" herein) from all liability, claims, demands, loss, or damages on my account caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, make a claim against any releases, I will indemnify, save, and hold harmless each of the releases of any loss, liability, damage, or cost which any may incur as the result of such claim.</p> <p>MEDICAL CARE – In case of injury, or illness, if I cannot be reached, I authorize and desire medical care for my child at the discretion of the attending physician. I accept responsibility for all associated expenses. TRANSPORTATION OF PARTICIPANT – I authorize activity related transportation of my child. PHOTOGRAPHS AND STATEMENTS – I authorize promotional use of my child's visual image and statements. AGREEMENT TO PAY – I understand there are no refunds after July 1<sup>st</sup> (for injury, illness, departure for misconduct, etc). I agree to pay for all expenses associated with my child's camp experience (tuition, arts &amp; crafts, camp store, medications, laundry, damage of property, etc) and if necessary, the cost of collection.</p>					
	I give permission to give Children's Tylenol, Advil or Ibuprofen if needed:		NO <input type="checkbox"/>		YES <input type="checkbox"/>	
				Preference of Medication <input type="text"/>		
Parent / Guardian Signature <input type="text"/>			Date <input type="text"/>			