BAC Camp Emergency Contact Form

BETHANY ATHLETIC CLUB

Child's Name:_____**Date of Birth:** _____
Age:_____ **Grade**:_____**Gender:** ____

Parent/Guardian Name:_____
Day Time Phone:_____**Evening Phone:** _____
Cell Phone:_____**Email Address:** _____

If we CANNOT REACH YOU, list in order who we should call in case of an EMERGENCY:
Name:_____**Phone:**_____**Relation:**_____
Name:_____**Phone:**_____**Relation:**_____

AUTHORIZED TO PICK-UP YOUR CHILD
Name:_____Relationship:_____Phone:_____
Name:_____Relationship:_____Phone:_____
Name:_____Relationship:_____Phone:_____
(If you plan to have someone else pick up your child who isn't on this form, write a note and give to camp staff with their name, phone number, & relationship to child, or call club with the above information)

HEALTH & MEDICAL INFORMATION (Please check ALL that apply)
□ Asthma/Respiratory Condition Attention Deficit Disorder Hearing Impaired/Deaf
□ Developmentally Delayed Diabetes Unusual Bleeding
□ Seizures (Type & Frequency)_____ Sunburns Easily
□ Bee Sting Allergy:_____Reaction:_____
□ Pollen or Food Allergies:_____Reaction: _____
□ Medication Allergies:_____Reaction: _____
Does the Participant have a disability requiring any accommodations? Yes No
If yes, please explain:
_____

MEDICAL EMERGENCY WAIVER: I understand that my child will be participating in physical activities. I understand that any injuries that take place during this time are not the financial responsibility of Bethany Athletic Club. I accept full responsibility of my child's actions during this time.

In the event of an emergency in which my child requires medical attention, Bethany Athletic Club has permission to take or transport my child via ambulance, at my expense, to the nearest medical facility and to authorize such medical treatment as deemed necessary by the medical staff. I understand that in the event of an emergency, Bethany Athletic Club will attempt to notify me as soon as possible at the telephone number listed above.

This authorizes Bethany Athletic Club staff to give permission to any medical personnel to provide medical care as they deem necessary in the best interest of my child.

FIELD TRIP, SWIMMING, MEDIA RELEASE, AND SUNSCREEN AUTHORIZATION:

- I understand that my child may be taken on field trips or excursions by bus or private motor vehicle as well as on neighborhood walking excursions under required supervision.
- I understand that my child may participate in swimming or other water activities under required supervision (BAC approved lifeguard).
- I understand that my child may be photographed for marketing materials.
- I understand that my child may be given non-prescribed medication as indicated on the container, such as sunscreen.

CANCELATION POLICY: We require 1 weeks' notice for cancelations without charge. If we do not receive 1 weeks' notice, a $50 fee will be charged to your account. If we do not receive any notice of your cancelation, you will be billed for the registered camp days.
LATE PICKUP POLICY: We charge $2 per minute after closing time. 15 minutes after the scheduled pick-up time all emergency contact numbers will be called. If no one is reached by 6:30pm, we reserve the right to contact the police.

Parent/Guardian Signature _____

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Youth Assumption of Risk and Liability Release Agreement

Child's Last Name:_____Child's First Name: _____

Child's Gender: Male or Female Date of Birth: _____

Guardian's Full Name: _____

Guardian's Address: _____

City:_____State:_____Zip:_____Phone:_____

Email:_____Child's Allergies: _____

Alternate Emergency Contact:_____Phone: _____

I,_____am the parent/legal guardian or temporary guardian of _____. I understand that my child's use of Bethany Athletic Club may involve certain potentially dangerous activities, including but not limited to stretching, running, jumping, lifting weights, swimming, strenuous aerobic exercise and other exercises which may result in my child's heart rate to increase substantially during those activities. I acknowledge that the activities are inherently physically demanding.

In consideration of the club permitting my child to use the facilities, or to participate in the activities for myself and on behalf of my child, other heirs, family members, executors, administrators and assigners, I herby knowingly and willingly assume all risks of physical, emotional and economic harm which may occur as a result of my child's use of Bethany Athletic Club and its facilities and/or participation in any activity. I also release shareholders, employees, instructors, and agents from any losses, costs, expenses, damages, fees, attorney's fees and liability that may result from my child's use of Bethany Athletic Club facilities and/or participation in any activity.

At Bethany Athletic Club, discipline will be fair, consistent, reasonable, and will be based on the understanding of the child's stages of development and emotional needs. Acceptable behavior and respect for the right of others will be expected of children and the staff will help children achieve that goal. Bethany Athletic Club does not use verbal, physical or punitive punishment and we will not accept this kind of behavior from the children.

In the event of an emergency in which my child requires medical attention, Bethany Athletic Club has permission to take or transport my child via ambulance, at my expense, to the nearest medial facility and to authorize such medical treatment as deemed necessary by the

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medical staff. I understand that in the event of an emergency, Bethany Athletic Club will attempt to notify me as soon as possible at the telephone number listed above.

This authorizes Bethany Athletic Club staff to give permission to any medical personnel to provide medical care as they deem necessary in the best interest of my child.

I have read and fully understand the content of this assumption of risk and liability release agreement.

Print Name: _____

Signature:_____ Date: _____