

# 2017 Camp Fun-Plex Medical History & Release

## CAMPER INFORMATION

Please use a separate form for each camper.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Fall 2017 Grade: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Children may make new friends at camp. May we release your phone number to other campers' families upon request? Yes No

## PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Special notes for contacting in case of emergency: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

## HEALTH INFORMATION

Pediatrician's Name: \_\_\_\_\_ Number: \_\_\_\_\_

A physician's note is required for any medication that must be administered during the camp day (dosages included).

Indicate any of these diseases your child had:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Chronic Ear Infections |
| <input type="checkbox"/> Hepatitis  | <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> German Measles         |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Strep Throat  | <input type="checkbox"/> Rheumatic Fever        |
| <input type="checkbox"/> Mumps      | <input type="checkbox"/> Pneumonia     | <input type="checkbox"/> Whooping Cough         |

Other serious illness: \_\_\_\_\_ Injuries: \_\_\_\_\_

Operation/Surgery (please be specific): \_\_\_\_\_

Does your child have allergies? Yes No

If yes, to what? \_\_\_\_\_

Does medication need to be administered during the camp day?

Does your child have asthma? Yes No Is an inhaler used? Yes No

Does your child have ADHD? Yes No Hyperactivity? Yes No

Please tell us anything else we should know about your child's health.

\_\_\_\_\_  
\_\_\_\_\_

## Please read and sign the following:

Please read and sign the following:

Camp Fun-Plex is owned and operated by Karts Inc. DBA Fun-Plex. Scorz Sports Center is owned and operated by DEA Anderson Inc. Camp Fun-Plex and related organization may use pictures of my child in their promotional materials, including both printed and electronic media. My child has permission to engage in all camp activities except as noted.

ASSUMPTIONS OF RISK AND RELEASE OF LIABILITY: In consideration of the named campers being permitted to participate in Camp Fun-Plex activities, we, the parents or legal guardians of the camper, on our own behalf and on the behalf of the camper (herein after 'Releasors'), hereby acknowledge and agree that we understand and fully appreciate the risk of injury involved to the camper in participating in camp activities. The Releasors nevertheless hereby release, waive, and discharge Camp Fun-Plex, its officers, employees, agents, counselors, representatives, and premises owners and operators where camp activities take place (hereinafter 'Releasees') from all liability to the Releasors for any loss or damage, and any claims or demands on account of injury to the camper caused in any way in any of Camp Fun-Plex's camp activities. The Releasors hereby agree to indemnify and hold harmless the Releasees, and each of them for any loss, liability, damage, or costs and expenses including attorney fees they incur due to the camper's participation. It is the express intention of the Releasors to exempt and relieve the Releasees from any liability for personal injury, property damage, or wrongful death caused by the Releasee's own negligence related in any way to the participation of the camper in Camp Fun-Plex's activities. The undersigned acknowledges that he or she is fully aware of the legal consequences of signing this application containing the express waiver and release of liability.

The health information on the camp registration form and the medical release and history form is accurate to the best of my knowledge. In an emergency, Camp Fun-Plex has my permission to obtain medical treatment for my child, including routine tests, X-rays, hospitalization, injections, anesthesia, or surgery.

My signature below indicates that I have read and fully agree with all registration policies stated herein.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Do you want any camp activities omitted? Yes No

Any special problems or limitations? Yes No

Any convulsions, concussions, or loss of consciousness? Yes No

Any recent traumatic events or family changes? Yes No

Any problems with social or motor skills? Yes No

If yes to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to: Camp Fun-Plex  
with an accurate copy of your  
child's immunization records  
attached. Incomplete or unsigned  
forms will not process!**

**Camp Fun-Plex  
7003 Q Street  
Omaha, NE 68117  
(402) 331-8436  
Fax: (402) 331-0590**