

# Summer 2020 Registration

Please print clearly. One registration form per camper. Copy or print additional forms at campfun-plex.com

1. Indicate which session you want to attend.
2. Complete registration and medical forms.
3. Include your deposit or full payment.

## CAMP SESSIONS

Session #1 (June 22nd-26th) ..... \$225.00

Session #2 (July 6th-10th)..... \$225.00

\*Subtract \$30 if paid in full by March 31st

\*Subtract \$10 for additional campers

## OPTIONS AVAILABLE

Extra Camp T-Shirt ..... \$10.00

*1 shirt is provided*

Lunch Option ..... \$30.00

*Fun-Plex will provide daily*

*(or bring sack lunch at no charge)*

## PAYMENT

Camp Fees ..... \$ \_\_\_\_\_

Options ..... \$ \_\_\_\_\_

Discounts ..... -\$ \_\_\_\_\_

**TOTAL OWED** ..... \$ \_\_\_\_\_

*Make checks payable to Fun-Plex*

*Must be paid in full to register*

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

**Mail to: Camp Fun-Plex  
7003 Q Street  
Omaha, NE 68117**

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade in Fall of 2020: \_\_\_\_\_

Parent/Guardian Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

T-Shirt Size: YM YL S M L XL 2XL

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Campers swimming ability:

Beginner Intermediate Advanced

Does the camper wear glasses/contacts? Yes No

## CAMPER'S HEALTH INFORMATION

Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_

List any health problems or activity restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any drug allergies or allergic reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List prescription medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the camper been diagnosed with ADHD or hyperactivity?

Yes No

Can we give Tylenol, Benadryl, Ibuprofen, "over the counter" cough or allergy medication: Yes No

Is the camper up to date on his/her immunizations?

Yes No

# 2020 Camp Fun-Plex Medical History & Release

## CAMPER INFORMATION

Please use a separate form for each camper.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: \_\_\_\_\_ Fall 2020 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:

- Bronchitis
- Mononucleosis
- Chronic Ear Infections
- Hepatitis
- Chicken Pox
- German Measles
- Measles
- Strep Throat
- Rheumatic Fever
- Mumps
- Pneumonia
- 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. Scottz 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 'Releasers'), hereby acknowledge and agree that we understand and fully appreciate the risk of injury involved to the camper in participating in camp activities. The Releasers 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 Releasers 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 Releasers 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 Releasers 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mail to: Camp Fun-Plex  
 7003 Q Street  
 Omaha, NE 68117**