

Overtime Athletics Health & Information Form: Participant

Instructions: Complete this form carefully and accurately

Participant Information

Camp Name: _____ Session Dates: _____

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

Child's Age: _____ DOB: ____/____/____ Child's Grade: _____ Child's Gender: M / F

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

Mom's Email Address: _____ Dad's Email Address: _____

In case of an emergency and a parent is not available, list two emergency contacts:

NOTE: Please remember to notify the persons you have listed as a contact.

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the program, I authorize the following people to pick up my child from the program:

(List your name and any other individuals you authorize who are at least 16 years old)

1. _____ 3. _____

2. _____ 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Overtime Athletics Camps and Programs must have current immunizations that are consistent with State school requirements.

_____ My child is registered at a licensed State school School Currently Attending: _____

(Attending a licensed state school – public or private – verifies immunization)

***Note: A State Immunization Certificate must be attached if you check either of the spaces below**

_____ My child is not registered in a licensed State school (i.e., your child is not yet registered in any school or is homeschooled)

_____ My child must be exempted from immunization on medical or religious grounds.

Health Information

Print Name of Child: _____

***Date of Child’s Last Tetanus Shot:** _____ (must be completed for child to attend)

***Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment?** **NO** **YES (if yes, provide physicians statement)**

Note: For emergency medical treatment, 911 will be called.

List your child’s allergies: _____

List any dietary restrictions: _____

List any activity restrictions: _____

List all pertinent information regarding any health problem(s) including physical, psychiatric, or behavioral:

Prescription Medication: to be self-administered at camp (with staff supervision): _____

(Authorization of Medication Form must be attached if your child must receive medication during program hours)

PERMISSION AGREEMENT:

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks, and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damages from all cause whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release Overtime Athletic, their officers, employees and agents, servants and all representatives, sponsors, and partnerships from injury I or my child may sustain. The participant consents to emergency treatment. The Participant also consents to Overtime Athletics use of any photographs taken or video made of the program. By signing here, I verify that all information is correct, and I agree with the Permission Agreement above.

Parent Signature: _____

Date: _____