



Healthy Lifestyle Fitness Camp
June 29, 2009- August 7, 2009*
9:00am-2:30pm Monday-Friday

Mosqueda Community Center
4670 East Butler Ave, Fresno, CA 93702
Phone: (559) 621-6600 Fax: (559-454-2630

Registration Form:

Camper's Name: _____	Today's Date: _____
Prefers to be called: _____	Gender _____
Birth Date: ____/____/____	Age at camp: _____
Address _____	
City, State, Zip: _____	

1. Who is the Parent/Guardian/Caregiver of this child? Mother/Guardian's Name: _____ Phone: Home (____) _____; Cell (____) _____; Other(____) _____ Father/Guardian's Name: _____ Phone: Home (____) _____; Cell (____) _____; Other(____) _____
2. Who has legal custody of this child? _____

3. I authorize the following person(s) to be contacted and give my permission to turn my child over to this person(s) in case of an emergency and I cannot be reached: Name: _____ Relationship to child: _____
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Phone: Home (____) _____; Cell (____) _____;
Other(____) _____

4. Who are your child's doctors?
Primary Care Provider's Name:

Address:

City, State, Zip:

Phone: (____) _____ Emergency Phone: (____) _____
Fax:(____) _____

5. Does your child have any drug, latex, or other allergies (e.g. bee stings)? **Yes** **No**
If yes, please list allergies and describe the typical reactions and how they are treated:

6. Does your child have any food allergies (e.g. peanuts, milk)? **Yes** **No**
If yes, please list allergies and describe the typical reactions and how they are treated:

7. Does your child have any medical problems other than his/her primary illness (such as asthma, vision/hearing loss, diabetes, etc.)? **Yes** **No**
If yes, please describe:

You can either mail or drop off completed applications to:
Mosqueda Community Center
Attn: Healthy Lifestyle Fitness Camp
4670 East Butler Ave, Fresno, CA 93702

For any questions or concerns call: 621-6609
***Camp may run through August 14th, as there may be a camping trip.**
**** Camp is limited to 50 participants. You will be contacted in late MAY with further details.**

WAIVER, RELEASE AND INDEMNITY AGREEMENT

FOR The Healthy Lifestyle Fitness Camp

For and in consideration of permitting _____ (print participant name) to participate in **The Healthy Lifestyle Fitness Camp** and those activities, operations and/or functions associated with the event, in the City of Fresno, County of Fresno, and State of California, beginning on **June 29, 2009 and ending on August 14, 2009** the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions for personal injury, property damage or wrongful death occurring to him/herself arising as a result of observing, participating and/or engaging in activities, operations and/or functions or any incidental thereto wherever or however the same may occur and for whatever period said activities of **The Healthy Lifestyle Fitness Camp** (event) may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs executors, administrators and assigned prosecute, present any claim for personal injury, property damage or wrongful death against the City of Fresno and the Fresno County Office of Education or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. IT IS THE INTENTION OF _____ (print participant name) BY THIS INSTRUMENT, TO HAVE AGREED TO THE ASSUMPTION OF THE RISK AND TO EXEMPT AND RELIEVE THE CITY OF FRESNO AND THE FRESNO COUNTY OFFICE OF EDUCATION, OR ANY OF ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH SUFFERED BY UNDERSIGNED CAUSED BY PASSIVE OR ACTIVE NEGLIGENCE.

The Undersigned, him/herself, his/her heirs, executors, administrators or assigns to hold harmless, indemnify and defend the City of Fresno, its officials, members, agents and employees against any claims, costs, damages, demands, liability and notices, or any of these, liability and notices, arising out of performance under this agreement regardless of whether the City of Fresno is actively negligent or passively negligent, except for those claims, costs, damages, demands, liability and notices, or any of these, caused solely by the negligence or willful misconduct of the City of Fresno. Additionally, the undersigned voluntarily consents to use of Participant's photograph, name, image and likeness (Recordings), and waives and releases City of Fresno from any and all claims, causes, damages, liabilities and/or actions arising there from and/or relating thereto, whatsoever, provided said use shall be for non-commercial purposes in connection with advertising, administrative, programmatic and promotional activities and materials. In connection therewith, Participant grants a royalty-free, irrevocable permission to use, reproduce, publish, broadcast and distribute the Recordings.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity, operation and/or function, and is fully aware of the legal consequences of signing the within instrument.

Signature of Participant _____
Date

Signature of Parent or Guardian _____
Date

Telephone Number (in case of emergency)

MEDICAL INFORMATION

The following questions are to be completed by a health care provider. Please be as detailed as possible. If you do not have one, call 621-6609 and we may be able to find a doctor to complete the physical free of charge.

Today's Date: _____

Camper's Name: _____ Birth Date: _____
(First) (MI) (Last)

Primary Diagnosis:

Secondary Diagnosis:

1. Drug Allergies and Reactions:

2. Other allergies (e.g. bee stings, animals, food) and significance:

PHYSICAL EXAM

Ht _____ inches Weight _____ lbs BMI _____ BP _____

3. Pertinent Findings:

4. MEDICATIONS: Please List:

5. Does this child have any physical limitations or restrictions? **Yes No**
If yes, please explain:

6. If diagnosis is asthma, please specify NIH classification:
Circle:

Mild Intermittent/ Mild Persistent/ Moderate Persistent/ Severe Persistent

7. Please list any surgeries:

8. Please list any additional current medical problems or pertinent psychosocial information including any behavior problems that would affect the child's participation in a group (e.g. ADHD, depression, etc.).

9. Does this child have braces or other mobility issues? **Yes No**
If yes, please explain:

10. Is the child developmentally appropriate for his/her age? **Yes No**
If NO, at what (approximate) age does child function? _____

11. Has the child ever had the chicken pox, shingles, or received the Varicella vaccine?
Yes No
Date of diagnosis or vaccination: _____

<p>Physician's Statement: I have examined _____ and find him/her physically able to attend camp. I understand the above medical regimen will be followed while he/she is at camp.</p>
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Comments:

Signature of Provider Print Name: _____

Date: _____

Clinic Name Hospital Affiliation: _____

(_____) _____ (_____) _____

Office Phone

Emergency Phone

(_____) _____

Fax Number