

Silver Stars Gymnastics Summer Camp Medical Form

Camper's Name: _____ DOB _____ Age _____ Sex M/F

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Grade in Fall: _____ Does camper attend school in: MD DC VA (Circle one)

Name of School: _____

Contact Information

Parents name: _____ Work phone: _____ Cell phone: _____

Parents name: _____ Work phone: _____ Cell phone: _____

Emergency contact name (first & last): _____ Relation to Camper: _____

Emergency contact phone: _____

Medical Information

Family Physician Name: _____ Physician's Phone # _____

Insurance Provider: _____ Insurance ID # _____

Any Operations, illnesses or injuries during the past school year: _____

Other limitations: _____

Any Allergies?...bee stings, food, etc _____

What treatment is required? _____

Date of last Tetanus immunization(this is required by the state) ____/____Month/Year

Immunization Exemption – attach signed letter with reason for exemption

Prescription drug policy

****Silver Stars will not dispense prescription medication. (EpiPens and Inhalers are not considered prescription medications.)**

Parent's Signature & Liability Waiver must be signed before your child participates in any gym activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Silver Spring Gymnastics & Fitness Club, Inc.* and *Silver Stars Gymnastics, Inc.* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Silver Spring Gymnastics & Fitness Club, Inc.* and *Silver Stars Gymnastics, Inc.*

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN. THERE IS A \$25.00 CHARGE FOR ANY RETURNED CHECKS.

Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for Silver Spring Gymnastics & Fitness Club, Inc. and Silver Stars Gymnastics, Inc.

Date _____ Signature (parent or guardian) _____

* If you did not register on line then return this form before June 1, 2009

www.gosilverstars.com

Silver Spring Gymnastics & Fitness Club, Inc.

2701 Pittman Drive, Silver Spring MD 20910 • 301-589-0938 • fax 301-589-1717

Silver Stars Gymnastics, Inc.

14201 Woodcliff Ct., Bowie, MD 20720 • 301-352-5777 • fax 301-352-8414

For Office Use Only

Date _____

Pmt _____

Ch # _____

Ck _____

Immun Form _____

Camp Form _____

Bal Due _____