

Castle Laser Tag Summer Camp Medical Form

Form not needed when student has registered online

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

What treatment is required? _____

Date of last Tetanus immunization (required by the state) ____/____/____

Immunization Exemption – attach signed letter with reason for exemption

PRESCRIPTION DRUG POLICY

***Castle Laser Tag will not dispense prescription medication. (EpiPens and Inhalers are not considered prescription meds.)*

Parent's Signature & Liability Waiver must be signed before your child participates in any gym & laser tag 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 and laser tag activities. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Castle Laser Tag* 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 *Castle Laser Tag*.

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 Castle Laser Tag.

Date _____ Signature (parent or guardian) _____

Camp Amount \$ _____ Cash OR Check# _____

Visa/MasterCard/AMEX Number _____ Expiration Date _____

3 digit CIN (found on back of card) _____ Name of Card Holder _____

Signature of Card Holder _____

Payment Policies — On line registration requires full payment. Registration by mail, fax or in person requires a 50% deposit. All balances must be paid by June 1, 2010. If you register after June 1, 2010 you are required to pay in full at the time you register. We have a strict NO REFUND policy and you may not transfer monies to the fall session. **REMEMBER**, you are paying for your child's spot in camp – not his/her attendance.

I, _____ authorize Castle Laser Tag

to charge the amount above to my credit card. I understand there are no refunds or credits.

Return to Castle Laser Tag

14201 Woodcliff Ct., Bowie, MD 20720
301-352-8413 • Fax 301-352-8414

www.castlelaser.com

For Office Use Only

Date _____

Amount _____

Ref # _____

Check # _____

Charged by _____

Entered/Date _____

Initials _____