



Sportika Summer Experience

Camper Name: _____

Camper Address: _____

Home Phone:(_____) _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Home Phone: (_____) _____ Cell Phone:(_____) _____

Email: _____

Home Address (If different from above):

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____

Home Phone: (_____) _____ Cell Phone(_____) _____

Email: _____

Home Address (If different from above):

Additional contacts in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Name: _____ Relationship to Camper: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Restrictions: ___ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

___ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)



Allergies:

No known allergies.

This camper is allergic to:

Food Medication The environment (insect stings, hay fever, etc.) Other

(Please describe below what the camper is allergic to and the reaction seen)

*****If your child has a severe allergy please complete the allergy action plan and medication form*****

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

-
1. Ever been hospitalized? Yes No
 2. Had fainting or dizziness? Yes No
 3. Ever had surgery? Yes No
 4. Passed out/had chest pain during exercise? Yes No
 5. Have recurrent/chronic illnesses? Yes No
 6. Had a recent infectious disease? Yes No
 7. Had a recent injury? Yes No
 8. Had asthma/wheezing/shortness of breath? Yes No
 9. Ever had back/joint problems? Yes No
 10. Have diabetes? Yes No
 11. Had seizures? Yes No
 12. Had headaches? Yes No
 13. Have any skin problems? Yes No
 14. Wear glasses, contacts, or protective eyewear? Yes No

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
 Yes No
4. Had a significant life event that continues to affect the camper's life? Yes No

*****Please explain "Yes" answers in the space on the next page,
noting the number of the questions you are answering**



Health Care Providers:

Name of camper's primary doctor: _____ Phone: (_____) _____

Date of last physical exam: _____

Name of dentist: _____ Phone: (_____) _____

Name of orthodontist: _____ Phone: (_____) _____

*******PLEASE PROVIDE A COPY OF THE CAMPER'S IMMUNIZATION RECORD*******

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ___ Yes ___ No

Insurance Company _____

Policy Number _____

Subscriber's Name _____

Insurance Company Phone Number (_____) _____



Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to Sportika to seek proper treatment for my child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, Sportika has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of Custodial Parent/Guardian _____

Date: _____ Relationship to Camper: _____

Camper's Name: _____

By signing below, I/We represent and acknowledge and I am/We are the parent or legal guardian of the registered child. I/We hereby give my/our approval for said child's participation in any and all programs, events, leagues, training, games, or other activities organized, offered, facilitated, arranged, promoted, sponsored or coordinated by Fields of Dreams, LLC, d/b/a Sportika. I/We acknowledge and fully understand that he or she will be participating in activities which involve risk of serious injury, which may include but are not necessarily limited to, contusions, fractures, scrapes, cuts, bumps, concussions, bone breakage, permanent disability, paralysis or death, which might result not only from the child's own actions, omissions, interactions or negligence, but also from the actions, omissions, interactions and negligence of others, the rules of play or the conditions of the premises, or of any equipment used. In consideration of the child being allowed to participate in any way in any and all programs, events, leagues, training, games, or other activities, either within or on Sportika's Manalapan, New Jersey premises, or outside of Sportika's Manalapan, New Jersey premises, I/We and our agents and/or assigns, unconditionally release, waive, discharge, and covenant not to sue, and hereby agree to hold harmless Sportika, its officers, agents, representatives, members, employees, coaches, trainers, referees or other persons associated with Sportika, as well as its sponsors, owners, partners, business associates and/or any lessees of Sportika's Manalapan, New Jersey premises used to conduct any such program, league, training, game, event or other activity, from any and all liability for any and all claims, demands, losses, or damages on account of injury, including but not limited to death, or damage to property, caused or alleged to be caused in whole or in part by the negligence of any such released party. I/We also understand that our/my child can be removed from any program, event, league, training, game, or other activity by Sportika for unsportsmanlike conduct, immoral activity, unethical play, drug or alcohol abuse, conduct that may place or is likely to place another player at risk, and any other activities that are not construed to be in the best interests of the my/our child's team or any of its players, coaches, trainers, or Sportika. I/We additionally agree to indemnify Sportika, its predecessors, parents, subsidiaries, affiliates, officers, agents, representatives, employees, coaches, trainers and referees, for any defense cost or expense arising from any and all injuries, liabilities or damages incurred from said child's participation. I/We also understand that any and all sign up fees, registration fees or other costs collected by and received by Sportika shall not be refundable for any reason whatsoever. I/We fully understand and accept the terms of this Liability Release, and have had a reasonable opportunity to have this Liability Release reviewed by an attorney, or have waived our right to do so. I/We have full authority to provide this Liability Release on behalf of my/our child, myself and any other person withstanding to bring suit on said child's behalf.

By signing this waiver you also agree to receiving email communication from Sportika regarding events and programming.

Parent Signature: _____ Date: _____

Print Name: _____