

HANSI WIENS SQUASH CAMPS EMERGENCY INFORMATION & HEALTH FORM

CHILD'S FULL NAME

CHILD'S DATE OF BIRTH _____ AGE _____ GENDER _____

ADDRESS _____ ZIP _____

HOME PHONE # _____

CELL# _____

MOTHER (OR GUARDIAN) _____ WK # _____

CELL # _____

FATHER (OR GUARDIAN) _____ WK # _____

CELL # _____

EMERGENCY INFORMATION:

If a parent is not available, please notify:

NAME _____

Relationship to Child _____

ADDRESS _____

PHONE# _____

FAMILY PHYSICIAN _____

PHONE# _____

DENTIST / ORTHODONTIST _____

PHONE# _____

INSURANCE CARRIER _____

POLICY# _____

HEALTH HISTORY:

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS THAT THE COACHES NEED TO BE AWARE OF? IF YES PLEASE EXPLAIN.

WHAT SPECIFIC ISSUES RELATING TO PARTICIPANT'S SOCIAL BEHAVIOR AND EDUCATIONAL DEVELOPMENT SHOULD COACHES BE AWARE OF? INCLUDE FOOD ISSUES, FEARS,...ETC.

DOES YOUR CHILD HAVE ANY ALLERGIES? (Please specify)

PERMISSION:

Parents please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Hansi Wiens Squash Camps from any and all liability resulting in injury associated with participant's participation in this activity. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Hansi Wiens Squash Camps will not provide health insurance for program participants. Further, this verifies that the participant is up to date with their immunizations and is able to participate in all activities. I also verify that my child has been checked by a licensed physician prior to coming to Hansi Wiens Squash Camps and is physically able to participate fully. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless Hansi Wiens Squash Camps of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Signature _____ Print Name _____

Date _____

*** PLEASE ATTACH A PHOTO COPY OF THE FRONT AND BACK OF THE INSURANCE ID CARD ***

PLEASE MAIL THIS FORM BACK AT LEST TWO WEEKS PRIOR TO BEGIN OF THE SESSION TO:

**HANSI WIENS SQUASH CAMPS
7 AUSTIN AVENUE, APARTMENT 1
HANOVER, NH 03755**