



Camper Last Name: \_\_\_\_\_

Bath & Racquet Member # \_\_\_\_\_  
(if applicable)

## BATH & RACQUET CAMP REGISTRATION FORM 2018

**Please print clearly or type to fill in the blanks.** Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact our Camp Director (941) 921-6675. **Completed forms may be dropped off at Bath & Racquet Athletic Club, 2170 Robinhood St. Sarasota, FL 34231 or they may be scanned and emailed to Camp Director, Emma Traynor at [camp@bathandracquet.com](mailto:camp@bathandracquet.com)**

**Child's information:**

<b>Child #1 Full Name</b>		Gender	Nickname	T-Shirt Size
Address				
City	State	Zip	Home #	
School	Grade Entering	Age	Date of Birth	

<b>Child#2 Full Name</b>		Gender	Nickname	T-Shirt Size
School	Grade Entering	Age	Date of Birth	

<b>Child#3 Full Name</b>		Gender	Nickname	T-Shirt Size
School	Grade Entering	Age	Date of Birth	

**Parent/Guardian:** In the event of an emergency, please indicate which of the following people should be contacted as the Primary emergency contact. Also indicate if each party is authorized to transport the child.

<b>Parent/Guardian #1 Name</b>		Relationship to Child		
Address (if different than child's)				
City	State	Zip Code		



Home #	Work #	Cell #
Place of Employment		Primary Emergency Contact? <b>Y or N</b>

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Primary email address
Authorized for pick-up or transportation of the child? <b>Y or N</b>

2170 Robinhood St. ■ Sarasota, Florida 34231 ■ 941-921-6675 ■

[www.bathandracquet.com](http://www.bathandracquet.com)

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<b>Parent/Guardian #2 Name</b>	Relationship to Child	
Address (if different than child's)		
City	State	Zip Code
Home #	Work #	Cell #
Place of Employment		Primary Emergency Contact? <b>Y or N</b>
Primary email address		
Authorized for pick-up or transportation of the child? <b>Y or N</b>		

<b>Parent/Guardian #3 Name</b>	Relationship to Child	
Address (if different than child's)		
City	State	Zip Code
Home #	Work #	Cell #

2170 Robinhood St. ■ Sarasota, Florida 34231 ■ 941-921-



Place of Employment	Primary Emergency Contact? <b>Y or N</b>
Primary email address	
Authorized for pick-up or transportation of the child? <b>Y or N</b>	

Parent/Guardian #4 Name	Relationship to Child
Address (if different than child's)	

&RACQUET

City	State	Zip Code
Home #	Work #	Cell #
Place of Employment	Primary Emergency Contact? <b>Y or N</b>	
Primary email address		
Authorized for pick-up or transportation of the child? <b>Y or N</b>		

**BATH**

Please ATHLETIC CLUB provide at least two (2) emergency contacts that we can reach in the case that neither parent/guardian can be reached.

**Emergency Contact #1**

Emergency Contact Name		
Address		
Place of Employment	Work #	Cell #
Authorized for pick-up?		
Primary email address		

**Emergency Contact #2**



Emergency Contact Name		
Address		
Place of Employment	Work #	Cell #
Authorized for pick-up?		
Primary email address		

**Others Authorized for Pick-up:**

Name	Phone #
BATH&RACQUET	

**Person NOT Authorized for Pick-up:**

Name	Court Order Provided?

**MEDICAL INFORMATION**

<b>Family Health Insurance Information</b>	<b>Name of Insurance Company</b>	<b>Policy Number</b>
	<b>Group Number</b>	<b>Telephone Number</b>
Name of Person on Policy:		

ATHLETIC CLUB


General Health History: Check "Yes" or "No" for each statement. If yes, indicate the camper that has experienced this.		
Has/does camper:		
Yes	No	Camper Name/Description of occurrence:




Have recurrent/chronic illness?			
Had a recent infectious disease?			
Had a recent injury?			
Had asthma/wheezing/shortness of breath?			
Have diabetes?			
Had seizures?			
Had fainting or dizziness?			
Passed out/had chest pain during exercise?			
Had back/joint problems?			

Special Medical Concerns/Instructions
Allergies: Does your child have any food/drug/environmental allergies? ____ Yes ____ No If yes, please explain: _____
Special medical concerns, conditions or restrictions: _____ _____
Is camper able to participate in all regular activities? ____ Yes ____ No If yes, please explain: _____

### MEDICATIONS

 Camper(s) will not take any daily medications while attending camp

 This camper \_\_\_\_\_ will take the following daily medications while attending camp

Name of Medication	Needed for:	Next Dose Due:	Amount of regular dose	Frequency of dose

### CERTIFICATION OF CURRENT IMMUNIZATIONS

I am the parent/guardian of the above named child(ren), and to the best of my knowledge, the above named child(ren) has adequately been immunized for school attendance.

#### Permanent Medical Exemption

I am the parent/guardian of the above named child(ren), and to the best of my knowledge, I certify the physical condition of this child(ren) has been determined by a licensed physician to be such that immunizations are medically contraindicated.

#### Religious Exemption from Immunization

I am the parent/guardian of the above named child(ren). Immunizations are in conflict with my religious tenets or practices. I request that my child be enrolled in school, preschool, child day care facilities or other children’s programs without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S. and to the best of my knowledge, I certify the physical condition of this child(ren) has been determined by a licensed physician to be such that immunizations are medically contraindicated.

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Child’s Primary Physician’s Name	Phone #
Child’s Dentist/Orthodontist	Phone #

### FOOD ALLERGIES

Child’s Name	Food Allergy Details

Note: **Campers who have been identified as having a food allergy must bring their own lunch and snack to camp.**

Unfortunately, our food service providers are not able to guarantee that lunches or snacks are free of all food allergens and/or free from any cross contamination. We require that your child’s lunch be packed in an airtight container such as a sealable plastic bag or a sealed container. Your child’s lunch will be stored away from the lunches of other campers in their group. It will be labeled with your child’s name as well as the type of allergy they have.

**Additional Information:** Please provide us with any pertinent information that may be important when interacting with your child at camp.

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**PARENT STATEMENT OF UNDERSTANDING**

I affirm that:

- The information I have provided is accurate to the best of my knowledge.
- My child(ren) has my permission to participate in all of the activities included in the camp.
- I give my permission to disclose/release information about my child(ren) that I have provided to camp or facility staff as needed.
- I understand that my child will not be allowed to leave the premises with someone who is not listed on the registration form as authorized to transport my child. Phone authorizations are not accepted.
- I understand that I must follow the check-in procedures outlined in the parent handbook and that I may not leave my child at Bath and Racquet Athletic Club unless a Bath and Racquet camp staff member is there to receive and supervise my child.
- I understand that Bath and Racquet Athletic Club is mandated to report any suspected cases of abuse or neglect to the appropriate authorities for investigation.
- I (certify that my child(ren) are current on all immunizations and I have provided Bath and Racquet Athletic Club with any special instructions that may apply to my child(ren) regarding medications, diet and eating habits, allergies, disabilities and other restrictions.

**MINOR LIABILITY WAIVER AND RELEASE**

ATHLETIC CLUB&RACQUET

A PARENT, LEGAL GUARDIAN, OR EMPOWERED REPRESENTATIVE OF EACH MINOR CHILD(REN) REGISTERING TO ATTEND BATH & RACQUET CLUB SUMMER CAMPS (THE "CAMP") MUST AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AND NAME/ LIKENESS PRIOR TO THE CHILD(REN) PARTICIPATING IN THE CAMP.

I, on behalf of myself and my Child(ren), hereby acknowledge and agree that:

**Physical Condition:** On behalf of my child(ren), I accept and assume any and all risks associated with his/her/their attendance and participation in the Camp and all related activities. I understand that my child(ren) should not attend the Camp if he/she/they are not in a healthy condition. Furthermore, I do hereby verify that my child(ren), to the best of my knowledge, is free from contagious disease, is fully immunized, and is able to participate in the Camp. Therefore, I hereby confirm that my child(ren): (i) has no psychiatric, medical, and/or physical condition or history which would prevent him/her/them from participating in the Camp and/or endanger himself/herself/themselves or others at the Camp; (ii) has not been instructed by any physician to refrain from participating in the Camp; and (iii) is physically fit and able to participate in the Camp.

**Acknowledgement and Assumption of Risk of Injury to Child.** I understand that my child(ren), and each participant in the Camp, will be engaging in activities that may involve the risk of serious personal injury, illness, permanent disability, dismemberment, and death, and that also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence, and failure to act of my child(ren) and others (including, but not limited to, other participants in Camp, and the organizers, employees, staff, counselors, and volunteers, if any, of the Camp) and the condition of any real or personal property, facilities, or equipment used during the Camp. I also understand that there may be risks involved in any and all activities which my child(ren) may participate which are not known to me, my child(ren), Bath & Racquet Club,



or its organizers, directors, members, employees, staff, counselors, and volunteers, if any, and may not be foreseen or reasonably foreseeable by any of the foregoing entities or persons at this time or at the time of the Camp.

For my child(ren) at camp, these activities and associated risks may include time in the pool and transportation via motorized vehicle (shuttle, coach, and/or school bus) to and from camp and between different segments of the Camp during camp hours. Permission is granted to Bath & Racquet Club to transport my child(ren) via motorized vehicle to and from the Camp during camp hours and between different segments of the Bath & Racquet Club location/facility and any outside facilities used by Bath & Racquet Club during the Camp.

In consideration for my child(ren) being permitted to participate in the Camp, I, on behalf of my child(ren), assume all of the foregoing risks, including, but not limited to, the risk of any negligence by other Camp participants or by Bath & Racquet Club, and its respective owners, partners, directors, officers, employees, and agents, and the risk of injury caused by the condition of any real or personal property, facilities, or equipment used during the Camp, and accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment, and death), illness, damage, loss, claim, liability, or expense (including reasonable attorneys' and professionals' fees), of any kind or nature, that my child(ren) or I may suffer arising out of or in any way connected with the Camp or my child(ren)'s participation in or attendance at the Camp.

**Medical Treatment:** In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his/her/their participation in or attendance at the Camp, I authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by the attending medical personnel if I am not able to act on my child(ren)'s behalf. In the event that I cannot be contacted in the event of an emergency, I further hereby grant Bath & Racquet Club permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents, or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency

(transportation, hospitalization, x-rays, etc.). I also understand and agree that Bath & Racquet Club will notify me if my child(ren) becomes ill during camp hours, and I will arrange to have my child(ren) picked up immediately from Camp. Further, I waive and release Bath & Racquet Club and its owners, officer, directors, employees, agents and independent contractors from any and all liability for personal injuries, illness, loss, or damage to property.

**Camp Policies and Rules:** I understand and agree that my child(ren) must abide by the Camp policies and rules and the instructions of the Camp organizers, employees, staff, counselors, and volunteers at all times, and that my child(ren)'s failure to do so will result in his/her/their immediate dismissal from the Camp. Some of these policies, rules, and instructions are written and some are at the sole discretion of the Camp organizers, employees, staff, counselors, and volunteers; however, it is understood that all policies, rules, and instructions seek at all times to ensure the overall safety of the Camp and each of its participants.

Furthermore, should my child(ren) fail to behave in an appropriate manner, intentionally harm another participant, exhibit signs of illness, or violate any Camp policy and rule, I shall promptly retrieve my child(ren) when contacted by Bath & Racquet Club to do so, or, if I am unable to do so, notify Bath & Racquet Club of the person retrieving my child(ren) on my behalf. I acknowledge and agree that no part of the tuition paid will be refunded to me should my child(ren) be dismissed from the Camp. I also understand and agree that no reduction or prorate in the tuition will be made for late arrivals, early departures, vacations, illness, or injury.

BATH ATHLETIC CLUB & RACQUET

BATH

**Waiver of Liability and Indemnification Agreement.** On my own behalf, and on behalf of the minor Child above, I agree to release and discharge from all liability, and waive all claims, demands and actions against Bath & Racquet Club and its owners, operators, subsidiaries, affiliates, employees, agents, vendors and volunteers (collectively "Bath & Racquet Club") for any and all injuries, harms, or damages sustained by the Child in connection with their use or presence on the premises, or their use of the facilities, equipment, services, programs or activities within or outside the facility, resulting in or arising from the negligent acts or omissions of Bath & Racquet Club or the negligent acts or omission of the undersigned, the Child, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold Bath & Racquet Club harmless against any and all claims brought by anyone against Bath & Racquet Club related to such injuries, harms or damages.

**Name and Likeness Release.** In consideration for my child(ren) being permitted to participate in the Camp, I hereby grant permission to Bath & Racquet Club, and each of its affiliated or subsidiary companies, their successors, agents, and assigns ("Bath & Racquet Club") to utilize my child(ren)'s name, voice, and likeness (including, but not limited to, photographs and any video/audio recording of my child(ren)'s appearance at the Camp) in any and all manner and media, now known or hereafter developed, throughout the universe in perpetuity without limitation and without additional compensation or consideration, notification, or permission, unless prohibited by applicable law. I hereby waive any right that I or my child(ren) may have to inspect or approve any finished product (including, but not limited to, any camp blog, brochures, videos, slide shows, web sites, and/or other materials) or any advertising copy that may be used in connection therewith or the use to which it is applied. I hereby warrant that I have the right to make this release on behalf of my child(ren) and that my granting this waiver and release and the rights conveyed thereby will not infringe upon the rights of any third party. I hereby assign all rights, title, and interest my child(ren) or I may have in any and all





media now known or hereafter developed in which any or all of my child(ren)'s appearance, name, voice, and/or likeness have been captured in connection with the Camp to Bath & Racquet Club, along with full rights of assignability. I understand and agree that any photographs and/or video/audio recordings I make of my child(ren) at the Camp shall be used solely for my and his/her/their private, noncommercial use, and that absolutely no sale, transmission, distribution, or commercial use of any such photographs and/or video/audio recordings or descriptions are permitted.

**Conclusion.** I have carefully read the entirety of this waiver and release and agree to all its terms and conditions. I represent that I am the parent, legal guardian or empowered representative of the minor child(ren) in the registration form with the authority to give this waiver and release, and I hereby agree that both my child(ren) and I shall be bound hereby. I agree that the foregoing terms and conditions are intended to be as broad and inclusive as is permitted by law, and any terms and conditions set forth herein found by a court to be void or unenforceable shall not affect the validity or enforceability of any other terms and conditions. This waiver and release will inure to the benefit of and will be binding upon both my, my child(ren)'s, Bath & Racquet Club's respective affiliates, successors, licensees, assigns, heirs, and representatives. The validity, construction and enforceability of this waiver and release shall be governed by, and construed and interpreted in accordance with the internal laws of the State of Florida without regard to conflict of law rules applied in such jurisdiction.

**By signing this form you affirm that the information provided on this form is accurate to the best of your knowledge. Your signature indicates agreement to the terms and policies outlined herein, as well as, further detailed policies provided in the Parent Handbook.**

Parent/Empowered Representative Signature: \_\_\_\_\_

Parent/Empowered Representative Printed Name: \_\_\_\_\_

Relationship to Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_