

Child's First and Last Name: \_\_\_\_\_

# HEALTH FORM

Please fill in the following information. If none please indicate with N/A.

A separate form will need to be filled out if Westmont Yard will be required to administer any medications.

Food Allergies (List)

Medication Allergies (List)

\_\_\_\_\_

\_\_\_\_\_

Other Allergies (List)

Physical, Mental or Emotional Health Issues (List)

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY CONTACTS

Please list at least two emergency contacts in order of preference.

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Relation to child \_\_\_\_\_

Home#: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Work#: \_\_\_\_\_

Authorized Pick Up

Authorized Pick Up

Emergency Contact

Emergency Contact

# ADDITIONAL INFORMATION

## Please initial after reading the following:

\_\_\_\_\_ **What to Bring:** I understand campers need to bring a water bottle, snack for the morning and/or afternoon (we will provide one but you are welcome to bring your own), sunscreen, and appropriate attire (Extra clothes for junior campers recommended).

\_\_\_\_\_ **Drop Off Procedure:** I understand that campers MUST be signed in by a parent/guardian no earlier than the program start time.

\_\_\_\_\_ **Pick Up Procedure:** I understand that campers MUST be signed out by a parent/guardian. No child will be released without a parent.

\_\_\_\_\_ **Discipline Policy:** 1st offensive will be a verbal warning with camper. 2nd offense will be discussed with parents. 3rd offense is a camp suspension. No refunds will be given for disciplinary actions. I understand the Westmont Yard discipline policy.

\_\_\_\_\_ **Refund Policy:** I understand that no refund shall be given to me unless I notify Westmont Yard within one week of my athlete's program start date. If I notify Westmont Yard after the program's start date I understand that I will receive a full refund if I provide a doctor's note. If I notify the Westmont Yard after the program's start date and I do not provide a doctor's note I will not receive a full refund.