

MEDICAL HISTORY/CHECK-OUT PERMISSION FORM

CHILD'S NAME _____

BIRTHDATE _____ AGE _____

FATHER'S NAME _____ DAY PHONE(____) _____

EVENING PHONE(____) _____ CELL PHONE(____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ DAY PHONE(____) _____

EVENING PHONE(____) _____ CELL PHONE(____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY-NOTIFY

*Please list two emergency contacts other than parents

NAME DAY PHONE EVENING PHONE

FAMILY PHYSICIAN

_____ PHONE(____) _____

Please list any conditions that currently require regular medication (If you will be requiring us to administer medication you must sign the Authorization to Administer Medication form at camp check-in):

Does your child have any physical or developmental limitations with regard to these activities that might require special attention for your child's safety during participation?

(please use the back of this page if necessary)

* CAMP CHECK-OUT *

In order to ensure the safety of all campers, we will be checking the identification of any parent/sibling/friend/carpool driver that will be picking up campers. **ONLY INDIVIDUALS LISTED ON THIS FORM WILL BE ALLOWED TO PICK UP A CHILD. Photo identification is REQUIRED** (ex. Valid driver's license).

In the Last 7 Days has your camper:

1. Had a fever of over 100 degrees? yes no
2. Had a sore throat? yes no
3. Had a cough? yes no

If you checked "yes" for fever AND one or two of the other symptoms, keep your child at home because of an influenza-like illness. Call our office to discuss rescheduling camp, or to request a full refund. Current recommendation is that children remain home for seven days after symptoms start, even if the child is no longer ill. If your child is still sick after seven days, keep your child at home until well for 24 hours. If you have questions about your child's health or symptoms, call your child's healthcare provider.

PENINSULA FAMILY YMCA YOUTH PROGRAMS
RELEASE AGREEMENT

In consideration of the use of the property, facilities and/or services of the Peninsula Family YMCA Youth Programs, including any travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS.** The undersigned understands and acknowledges that the activities of wakeboarding, waterskiing, surfing, sailing, windsurfing, kayaking, rowing, marine science, related water sports, beach activities, transportation during camp, and transportation before and after camp by camp personnel involve risks such as but not limited to the following which might result from the activity itself, the acts of others or the unavailability of emergency care; **RISK OF PROPERTY DAMAGE, BODILY INJURY, and POSSIBLY DEATH.**

2. **ASSUMPTION OF RISK.** The undersigned **ASSUMES ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR ARISING FROM THE ACTIVITY**, including without limitation those risks described in Section 1 above.

3. **SKILLS AND TRAINING.** The undersigned acknowledges that the below named minor has the skills, qualifications, physical ability and training necessary to complete such activity. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly participate in the activity, then they shall direct such questions to the Mission Bay Youth Water Sports Camp management.

4. **RELEASE.** The undersigned **RELEASES** the State of California, Peninsula Family YMCA, the YMCA of San Diego County, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") and agrees **NOT TO SUE** them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses (referred to below as "CLAIMS") arising out of the activity, including those based on the risks described in Section 1, whether or not caused by the negligence or other fault of the **RELEASED PARTIES.**

5. **WAIVER.** The undersigned waives the protection provided by any statute or law in any jurisdiction including California Code section 1542 whose purpose, substances and/or effect is to provide them a general release shall not extend to claims, material or otherwise which the persons giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

6. **INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** the **RELEASED PARTIES** against, and hold them harmless from, any and all **CLAIMS**, including attorney fees, which in any way arise from the activity which is the subject of this agreement and which include but are not limited to those risks described in Section 1 including any liability arising from the act or negligent act of the **RELEASED PARTIES**, the below named minor or anyone else.

7. **PAY.** The undersigned agrees to pay for any and all damages to any property of the **RELEASED PARTIES** caused by the undersigned whether negligently, willfully or otherwise.

8. **LEGAL FEES.** In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and costs.

9. **REPRESENTATIVES.** The undersigned enters into this agreement for himself/herself, heirs, assigns and legal representatives.

10. **ACKNOWLEDGEMENT.** The undersigned has read and understands this agreement and realizes it relates to releasing valuable legal rights and does so freely and voluntarily.

11. **TOWER ACKNOWLEDGEMENT.** For use of Air Nautique wakeboard boats with a tower, I further understand this exposes the above named minor to the additional risks of a large wake and the possible serious injuries resulting from aerial or other maneuvers.

NAME OF MINOR

AGE

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR

I am the parent and/or legal guardian of the above-named minor. I have read and understand the agreement and realize the agreement involves releasing valuable legal rights of the minor and myself. I agree to be bound by all of the terms of the agreement. I also give my consent to the participation in the activity by the minor. I also give my consent for my child to be included in photographs, videos, slides, and movies taken at the Center by students, staff, TV, Radio and/or other news media. I understand that pictures become property of Associated Students of SDSU, and might appear in promotional materials and publications:

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN
IF PERSON PARTICIPATING IS UNDER 18

DATE

PARENT OR LEGAL GUARDIAN EMERGENCY TREATMENT CONSENT

As the parent and/or legal guardian, I agree to the participation by the minor in the subject activity. The undersigned hereby gives consent to medical treatment of the minor in case of an emergency.

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN
IF PERSON PARTICIPATING IS UNDER 18

THIS FORM MUST BE RETURNED TO THE MISSION BAY YOUTH PROGRAMS OFFICE BEFORE YOUR CHILD CAN PARTICIPATE IN THE YOUTH ACTIVITIES. IF THIS FORM IS NOT ON FILE IN THE YOUTH PROGRAM OFFICE, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE UNTIL THE PARENT OR LEGAL GUARDIAN SIGNS FOR THEM. THIS FORM MAY NOT BE EDITED OR CHANGED IN ANY WAY. IF YOU HAVE ANY QUESTIONS REGARDING THIS RELEASE FORM, PLEASE CONTACT THE YOUTH PROGRAM DIRECTOR AT (858) 539-2003.

CAMP POLICY FOR MEDICATION

For the safety of our students, we have a strict policy for the handling of medication at camp. Our medication policy changes and evolves each season. If your child will be taking medication while at camp, please be sure to follow the specific procedures listed below. *Please note: Students will not be admitted to camp if these procedures are not followed.*

- We ask that students attending camp please take ALL medication and/or vitamins before camp, unless they MUST be taken during camp hours.
- ALL medication MUST be brought to camp in their ORIGINAL CONTAINERS on your child's first day of camp. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self administering medication in accordance with the instructions below. In the case of emergency, or the camper cannot administer the medication themselves, a camp staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication. Camp staff are not trained in this area.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the week. Any medication and/or vitamins left at camp will be disposed of.

AUTHORIZATION TO ADMINISTER MEDICATION

I HEREBY AUTHORIZE the designated representatives of The Watersports Camp to administer the medication described below. It is the policy of MBAC to provide the medicine to the camper to self administer in accordance with instructions below. Should the camper be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release The Watersports Camp and its agents or representatives or employees from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify MBYWSC and its agents or representatives or employees from any costs or expenses associated with any claim brought against them for actions taken pursuant to this Authorization to Administer Medication and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by The Watersports Camp, its agents or representatives or employees.

Child's Name

Date

Parent/Legal Guardian*

Date

Prescribing Physician

Physician Phone

Medication #1: _____ Dosage: _____

Time taken: _____ Reason for taking: _____

Medication #2: _____ Dosage: _____

Time taken: _____ Reason for taking: _____