

ROCKIN' JUMP SAN DIEGO

CAMP REGISTRATION FORM

Participating Child (Ages 6-13 Only)

First _____ Middle _____ Last _____
Birth Date _____
Street Address _____
City _____ ZIP Code _____ Primary Phone _____

Parent/Guardian Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
City _____ ZIP Code _____ Primary Phone _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
City _____ ZIP Code _____ Primary Phone _____

Emergency Contacts Other Than Above

Emergency Contact #1

First _____ Last _____
Street Address _____
City _____ ZIP Code _____ Primary Phone _____

Emergency Contact #2

First _____ Last _____
Street Address _____
City _____ ZIP Code _____ Primary Phone _____

Please name any additional individuals who are authorized to pick up your child (other than those listed above):

1: _____ 2: _____ 3: _____

Medical Release Information

Primary Physician _____ Primary Phone _____
Address _____
Insurance Company _____ ID # _____ Group # _____

Please list any medical conditions, including any required medications (insulin, inhalers, etc.) below:

Condition	Medication	Should paramedics be called in a related emergency?	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Is your child currently being treated for an injury/illness or taking any form of medication? Yes No

If yes, please explain:

ROCKIN' JUMP SAN DIEGO

CAMP REGISTRATION FORM (cont'd)

Does your child have any dietary restrictions/special food requirements? Yes No
If yes, please explain:

The purpose of requesting medical information is to ensure any medical personnel are aware of any conditions and/or medications which may interfere with emergency medical treatment. Rockin' Jump will keep this information confidential and will NEVER provide this information to parties other than necessary medical personnel.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize **ROCKIN' JUMP SAN DIEGO** to contact a doctor and/or emergency medical personnel in the event that my child is injured or becomes ill.

Initials of Parent/Legal Guardian: _____

I understand that **ROCKIN' JUMP SAN DIEGO** will not be responsible for the medical expenses incurred, and that such expenses will be my responsibility as the parent/legal guardian.

Initials of Parent/Legal Guardian: _____

TERMS OF AGREEMENT

- The safety of your child and that of others is of paramount importance. Campers may be removed from part or all of the program if they do not comply with the rules and regulations at **ROCKIN' JUMP SAN DIEGO**.
- Payment must be received in full before attending camp. **ALL PAYMENTS ARE NONREFUNDABLE** without proof of extenuating medical emergency. No refunds will be provided for missed days or campers who arrive late/leave early.
- Campers must be dropped off and picked up at regular camp hours. If dropped off earlier than the scheduled start time or picked up later than the scheduled end time by more than 15 minutes, the daily extended hours fee will be applied. In addition, if picked up after 6pm a \$5 fee for every 15 minutes will be applied.

I certify that I, the undersigned, am the child's parent/legal guardian for whom I am responsible by law. I have read and agree to the terms and conditions listed above.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____