

LML Compass Camp: Eight Weeks of WOW!



Registration Form 2018

Parent/Guardian

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Additional Parent/Guardian

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Attendee(s) — Our camp is for children who are entering Kindergarten through grade 5.

<u>First Name</u>	<u>Last Name</u>	<u>Grade Entering</u>	<u>T-Shirt Size</u>
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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Emergency Contact #1

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Emergency Contact #2

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Ph Number: _____ Email: _____

Allergies

Please list any allergies (food, mold, dust, etc.) your child may have: _____

Medicines

Please list any medicines your child is to take during the camp day and when: _____

LML COMPASS CAMP

MEDICAL HISTORY

Failure to return or complete information may delay your camp registration.

To the Parents of Campers: Please complete this form carefully. Information supplied will become a part of your child's health record. All health records are confidential.

Camper's Name: (Last) (First) (MI) (Preferred)

Street Address:

City: State: Zip:

Home Phone: SS#: Sex:

Date of Birth: Height: Weight:

Name of Family Physician: Phone:

REPORT OF MEDICAL HISTORY

Does your child have any allergies? Yes ___ No ___ If yes, specify:

Aspirin ___ Penicillin ___ Codeine ___ Bee Stings ___ Molds/Fungi ___

Eggs ___ Sulfa ___ Tetanus Toxoid ___ Other ___

Has your child ever had any of the following? Comment below on all "Yes" answers.

YES	NO		YES	NO		YES	NO		YES	NO	
		Measles (Red)			Hay Fever/Asthma			Chest Pain / Pressure			Jaundice
		German Measles			DES Exposure			Chronic cough			Mononucleosis
		Mumps			Appendectomy			Palpitation (Heart)			Gallbladder Trouble
		Chicken Pox			Tonsillectomy			Rheumatic Fever			Stomach Ulcers
		Malaria			Hernia repair			High Blood Pressure			Recurrent Diarrhea
		Anemia			Other Surgery (Note Below)			Heart Murmur			Recent Weight Gain
		Gum / Tooth Trouble			Insomnia			Heart Disease			Veneral Disease
		Sinusitis			Recurrent Headache			Joint Disease			Dizziness, Fainting
		Eye Problems			Recurrent Bladder Infection			Arthritis			Weakness, Paralysis
		Ear Problems			Kidney Disease			Back Problems			Diabetes
		Recurrent Colds			Head Injury/Unconsciousness			Seizure/Convulsions			Recent Weight Loss
		Tumor, Cancer, Cyst			Shortness of Breath			Tuberculosis			Hypoglycemia

Remarks or additional information on all "YES" answers, drug allergies, and any other infectious diseases not listed.

-Please Turn Over-

Please list all medications your child is currently taking.

Is your child presently under treatment for any physical or emotional problem?

_____ YES

_____ NO

Diagnosis:

Parental Statement and Consent / Liability Waiver

I hereby certify that the medical history I have provided is accurate and complete to the best of my knowledge. In the event that I or my authorized physician cannot be reached in an EMERGENCY, and immediate observation or treatment is urgent in the judgement of the Camp Director, I hereby grant permission for the LML Compass Camp staff to arrange for transport of my child to a local hospital for treatment if such transport is deemed by them in the best interest of my child's welfare.

I / we, the undersigned, for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the LML Compass Camp or Compass Academy Charter School and its respective agents, representatives successors and assignees, for any and all injuries which may be suffered by my child in connection with the LML Compass Camp program. Furthermore, I attest and verify that I have full knowledge of the risks associated with an activities camp of this nature. I also understand that responsible care will be exercised in the supervision of these activities.

Custodial Parent or Guardian

Phone

Date

Custodial Parent or Guardian

Phone

Date

If unable to reach the above signed, in case of an emergency please contact:

Name

Phone

Relationship

**Please Return Health Form
with a copy of each child's current immunization records to:**

LML Compass Camp

23 West Chestnut Ave

Vineland, NJ 08360

Phone (856) 899-5570

Fax (856) 431-7941