

Health Record for Camp Participation

Camper's Name

Date of Birth

Parent/Guardian

Home Address

Phone 1

Phone 2

Email

Second Parent

Home Address

Phone 1

Phone 2

Email

Emergency Contact

Home Address

Phone 1

Phone 2

Family Physician

Phone

Dentist

Phone

Health Insurance

Is camper covered by family medical/hospital insurance?

Yes

No

Carrier

Policy or group #

Participation Requests or Limitations

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter participation. Information regarding medications can be found on following pages.

Activity restrictions:

Dietary restrictions:

Medical treatments:

Health History

Camper's Name

Date of Birth

Immunizations:

Are immunizations complete and up-to-date prior to camp entrance? Yes No

	Yes	No	Has camper had any...
1			Chronic or recurrent illness
2			Illness lasting over one week
3			Missing organs
4			Orthopedic injury/abnormality
5			Problems with heart or blood pressure
6			Chest pain with exercise
7			Dizziness or fainting with exercise
8			Frequent headaches

- | | | | |
|----|--------------------------|--------------------------|---|
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Concussions or unconsciousness |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heat stroke, or other problems with heat |

- | | Yes | No | Does camper... |
|---|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Wear glasses/contacts |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Wear dental braces/appliances |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Take regular medication |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Have environmental allergies |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Have insect allergies |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Have asthma or recurrent respiratory illness |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Have intolerance to strenuous exercise |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Have emotional/behavioral imbalances |

Use this space to explain any "Yes" answers above or to provide any additional information.

Emergency Authorization

I hereby give my permission to the personnel selected by the camp director to order routine treatment for my child, and in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Signature of parent/guardian

Date

TRANSPORTATION WAIVER

I, _____, hereby give permission to the staff of Camp Chill-in' to transport my child to any off-site trips. I waive any claims against The Cary Ice House, its agents, or its employees involving any accidents, injuries, or mishaps involving my child, _____, however so occasioned during the course of travel to and from any off-site location.

Signature _____ (parent or guardian) Date _____

PHOTO WAIVER

_____ I hereby permit Polar Ice Ventures, Inc. to use pictures/videos taken at camp in which myself/or my child may appear, for purposes of communications and literature about the rink or face painting.

The Cary Ice House would like to thank you for your cooperation.

PLEASE READ CAREFULLY

**Waiver and Release of Liability
Garner Ice House, LLC, Cary Ice House, LLC and Factory Ice House, LLC**

REFUNDS: There will be no refunds. Initialed by: _____.

In consideration of being allowed to participate in any way in the ice skating program, related events and activities of Garner Ice House, LLC, Cary Ice House LLC and Sports Factory, LLC, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in ice skating activities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in ice skating activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns personal, representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Garner Ice House, LLC, Cary Ice House, LLC and Sports Factory, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.
Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x

Date Signed:

Age:

PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X

Date Signed:

PARENT/GUARDIAN SIGNATURE

Signature required

<p>AUTHORIZED PERSON FOR PICK UP:</p> <p>1. _____</p>	<p>COPY OF ID:</p>
<p>AUTHORIZED PERSON FOR PICK UP:</p> <p>2. _____</p>	<p>COPY OF ID:</p>

AUTHORIZED PERSON FOR PICK UP:

3. _____

COPY OF ID:

AUTHORIZED PERSON FOR PICK UP:

4. _____

COPY OF ID:

AUTHORIZED PERSON FOR PICK UP:

5. _____

COPY OF ID: