

Campers Name_____

Campsite_____

Session Dates_____

Phone Number ()_____

Person at that number_____

Cell Number ()_____

Person at that number_____

When was your last tetanus shot?_____

Are you allergic to any medication, foods, insect bites, etc?_____

If so, what are you allergic to?_____

MEDICAL RELEASE

I hereby authorize the directors of the Mid-States Swim Camps to act for me according to their best judgment in any emergency requiring medical attention.

The parental or guardian signature also acknowledges that to the best of their knowledge and belief the camper has no physical disability or problem which would not permit his/her participation in the activities of the camp, and releases Mid-States Swim Camps from any claim or action because of any pre-existing physical disability.

Signature of Parent or Guardian _____

Important Note: Please list any medical or other information the Camp Director should be informed of or that would be helpful to him/her (i.e. is allergic to medication or foods, needs to take medication on a regular basis, etc.)

Campers Address_____

City_____State_____Zip_____

Birth Date_____Age_____Sex_____

Parents Names_____

Insurance Carrier_____

Policy Number_____

Note: All cancellations expecting a refund must be received in writing at least 15 days prior to the scheduled camps. All cancellations will be subject to a \$50.00 handling charge and a portion of the deposit for registration costs. If no notice of cancellation is received 15 days prior to the scheduled camp, Mid-States Swim Camps may retain all monies received.