

GREAT LAKES ATHLETIC CLUB

CHILD INFORMATION SHEET - GYM & SWIM

(Please fill out and submit this form before dropping off your child)

Child's Name: _____ DOB: ___/___/___ Age: _____

Child's Doctor's Name: _____ Doctor Phone: (____) _____- _____

Swim Band Color: Purple Orange No Band Swim Test
(circle one)

Parent/ Guardian #1	Parent/ Guardian #2
Name: _____ _____	Name: _____

Emergency Contacts

Must be an alternate to Parents!

Emergency Contact #1

Name: _____

Relationship to Camper:

Emergency Contact #2

Name: _____

Relationship to Camper:

Guardians listed above.

Additional Notes:

CHILD INFORMATION SHEET

Health Concerns

Medications, allergies, physical limitations, restricted activities, surgeries, etc:

YES _____ NO _____ *(Please check one)*

If yes, please explain:

First-Aid Permission Slip

Please Check: YES _____ NO _____ (Please check one)

I, _____ give Great Lakes Athletic Club permission to provide my child with first-aid treatment for minor abrasions, minor ailments, insect bites or stings with non-prescription medications such as Motrin or Tylenol. Also, I give permission for the administration of medication such as Benadryl in the event of systematic allergic reactions, if no Epi-Pen is prescribed.

Sunscreen Permission Slip

If you would like Great Lakes Athletic Club staff to apply sunscreen to your child, please provide us with an unexpired bottle of sunscreen, labeled with your child's first and last name. The first application of any brand of sunscreen should be applied at home to evaluate your child's possible allergic reaction to that product.

Please Check: YES _____ NO _____ (Please check one)

I, _____ give Great Lakes Athletic Club Staff permission to apply the provided sunscreen to my child.

Parent Signature: _____ Date: ____ / ____ /
20____

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General Permission Slip

I, _____ give permission for my child to participate in

the Great Lakes Athletic Club Camp Program. I understand that my child's safety will be a priority during all activities. In the event that an accident does occur, I will not hold Great Lakes Athletic Club, its employees, volunteers, share holders, directors, officers, representatives, and agents responsible for any injuries. If emergency treatment or consultation is considered necessary by the Great Lakes Athletic Club Staff, I understand that the above named parent(s) or guardian(s) will be notified. If those individuals can not be reached, I authorize Great Lakes Athletic Club to secure all necessary and required medical treatment for the above participant. Furthermore, I understand that if my child has a severe allergy or requires the administration of prescription medication during camp hours, forms must be filled out for allergy management plan and/or authorization for medication.

Parent Signature: _____ Date: ____ / ____ /
20____

Photography Waiver

In consideration of the value received, receipt whereof is acknowledged, I hereby give Great Lakes Athletic Club the absolute right and permission to copyright and/or publish, use or photographic portraits or pictures of me or my minor child. These images may be used in whole or in part of composite or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any media at their studios or elsewhere for art advertising, trade, or any lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save Great Lakes Athletic Club from any