

GREAT LAKES ATHLETIC CLUB CHILD INFORMATION SHEET

(Please fill out and submit this form before your child's first day of camp.)

Camper's Name: _____ DOB: __/__/____ Age: ____

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

T-Shirt Size: Youth S M L Adult S M L (circle one)

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

Parent/ Guardian #1	Parent/ Guardian #2
Name: _____	Name: _____
Primary Phone: (____) _____ - _____	Primary Phone: (____) _____ - _____
Alt. Phone: (____) _____ - _____	Alt. Phone: (____) _____ - _____
Must bring photo ID to pick up child	

Emergency Contacts

Must be an alternate to Parents/Guardians listed above

Emergency Contact #1

Name: _____

Relationship to Camper: _____

Primary Phone: (____) _____ - _____

Alt. Phone: (____) _____ - _____

Emergency Contact #2

Name: _____

Relationship to Camper: _____

Primary Phone: (____) _____ - _____

Alt. Phone: (____) _____ - _____

Alternate

Drop off/Pick up

My child may be dropped off or picked up by the following individuals in addition to those listed above.

Must be 18 or older and bring photo ID

Alternative Pick Up #1	Alternative Pick Up #2
Name: _____	Name: _____
Primary Phone: (____) _____ - _____	Primary Phone: (____) _____ - _____

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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.

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

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 in order 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 liability that may occur or be produced in the taking of said pictures or in the processing tending towards the completion of the finished product.

Model's Name: _____

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

RULES AND REGULATIONS

1. If a child is sick, please keep him/her at home that day.
2. Camp T-shirt must be worn every day especially on field trips.
3. Please make sure that your child wears proper shoes, they must be closed toed. NO sandals, flip-flops or Crocs, except at the pool.
4. Campers' electronic equipment may only be used in pre/post care.
5. Campers need to bring sunscreen, towel, and a bathing suit every day.
6. All of campers' items must be labeled with their name.
7. On field trip days please make sure your child brings a sacked lunch and is here at assigned time with sunscreen on.
8. No money at camp (except field trip days)
9. Please no microwaveable foods at camp.

While at Camp:

1. Campers must practice proper conduct at all times, obeying all safety rules and regulations.
2. No running on ramp.
3. No campers in the weight room.
4. Use play equipment for intended use only.
5. No showering, sauna, steam room, or blow drying hair after swimming.
6. Ask before taking a water or bathroom break.
7. No campers in the back room.
8. Campers are also expected to participate in the day's activities.

Child's Name: _____

Parent Signature: _____

Date: ____/____/20__