

## CAMP FORM WAIVER

# TADA GYMNASTICS STUDIO CAMP FORM & WAIVER

We are so happy that you've chosen TaDa Gymnastics Studio!

We know these forms are no fun, but we promise it won't take too long. Plus this information is vital should an emergency arise. Please fill out all form completely.

Forms and any required supporting documents are due at least 48 hours prior to the camp start date.

Questions? Please email or call us at [erin@tadagymnastics.com](mailto:erin@tadagymnastics.com) or 720.772.TADA (8232)

## Camper Information

Campers First Name

Campers Last Name

Campers Age

## Primary Parent or Gaurdian

First Name

Last Name

Email Address

Cell Phone Number

Busisness Phone Number

Address

City

State

Zip

## Optional Secondary Parent or Gaurdian

First Name



Last Name

Email Address

Cell Phone Number

Business Phone Number

## Persons Allowed to Pickup Your Child

Is there anyone allowed to pick up your child or children (you can list up to three individuals)?

## Persons NOT Allowed to Pickup Your Child

Is there anyone **NOT** allowed to pick up your child or children (you can list up to three individuals or call if there is more)?

## Emergency Contacts

Please enter 3 emergency contacts (2 required) other than parent or gaurdian information.

Emergency Contact 1 Name and Relationship

Emergency Contact 1 Phone Number

Emergency Contact 1 Address

Is this person authorized to pick up your child in an emergency?

Yes

No

Emergency Contact 2 Name and Relationship

Emergency Contact 2 Phone Number

Emergency Contact 2 Address

Is this person authorized to pick up your child in an emergency?



Yes

No

Emergency Contact 3 Name and Relationship

Emergency Contact 3 Phone Number

Emergency Contact 3 Address

Is this person authorized to pick up your child in an emergency?

Yes

No

## Camper Information

What is one main goal you have for your child at camp?

Sunscreen: We use Rock Mountain Kids Sunscreen. Respond "yes" if we can apply this sunscreen to your child. If you select "No" you are responsible for supplying your own sunscreen labeled with your Child's full name.

## Camper Medical Information

Does your camper have a history of any of the following mental health conditions? Medical Information

- Anxiety
- Depression
- Mania
- Panic Attacks/Phobias
- Post Traumatic Stress Injury
- Oppositional Defiance
- Schizophrenia
- Disordered Eating
- Suicidal Ideation
- Reactive Detachment
- Obsessive Compulsion

Medical History Detail. If you checked yes to any of the above conditions, please provide further explanation or list and explain any other medical conditions not included above.

Will your child have any prescriptions or over the counter medications at camp?

Yes

No



Please list any over the counter medications or perscriptions that your child uses.

Please list any allergies your child has.

Please list any dietary needs or restrictions your child has.

Additional information you would like us to have about your child. Feel free to detail any social, emotional, or behavioral needs here in addition to any other information that would be helpful for the instructor to know about your child.

## Camper Health Information

We are required to collect immunization for all campers. Please upload your Colorado immunization form.

Immunization Form

If your child is exempt for medical or personal reasons please check one of these options.

- Exempt for medical, personal, or religious reasons  
 Non-exempt

Does your child carry an inhaler?

- Yes  
 No

Does your child carry an Epi-Pen?

- Yes  
 No

Does your child have diabetes?

- Yes  
 No

Does your child have epilepsy and need to have emergency medications at camp?

- Yes  
 No

Does your camper have a history of any of the following medical considerations? Medical History

- Head injuries  
 Seizures  
 Epilepsy  
 Headaches or fainting spells  
 Hearing problems



- Vision problems
- Asthma or respiratory problems
- Heart trouble
- Diabetes
- Jaundice
- AIDS
- Hypoglycemia
- Abdominal pain/problems
- Altitude sickness
- Skin problems or reactions
- Frostbite or hypothermia
- Heat exhaustion or heat stroke
- Dehydration
- Anaphylaxis
- Mental illness
- None

If you checked yes to any of the above considerations, please provide further explanation or list and explain any other medical conditions not included above.

## Medical Facilities, Physicians & Insurance

Hospital Choice

Physician

Dentist

Health Insurance Company

Policy/Group Number

X \_\_\_\_\_

# Signature Certificate

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