

Summer Youth Camp 2007 Registration Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Age _____ T-Shirt Size (circle one): Youth XS S M L Adult S M L
Address _____ City _____ State _____ Zip Code _____
Phone number _____ E-mail _____
Emergency Contact _____ Emergency Contact Number _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Phone number _____ Work number _____
Cell number _____

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence.

Child's Doctor's Name: _____

Phone Number: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen? Yes No

May we serve your child food and beverages: Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): Yes No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled.

Is your child up-to-date on all state-required immunizations? Yes No

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Address _____ City _____ State _____ Zip Code _____

Name of Insured: _____ Relationship to participant: _____

AUTHORIZATION OF CONSENT

(Print child's name)

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, affirm that the camp participant is in good health and has my permission to participate in camp activities. In the event of an emergency, I hereby give permission to the physician selected by the camp director to secure proper medical treatment for the participant. My child and I are aware that participating in Gaelic sports is a potentially hazardous activity. I assume all risks associated with participation in these sports, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Signature of Parent/Guardian of Minor

Date

Participant's name

INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Seattle Gaels and the officers, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the Seattle Gaels of liability for any claims that may arise out of activity. The Seattle Gaels also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the Seattle Gaels. I also understand that participation in the program can cause severe injury or death and I have taken care to enroll at the level of his/her/my/our physical abilities and/or medical conditions. I hereby grant permission to the Seattle Gaels to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Signature of Parent/Guardian of Minor

Date

Participants name
