

2018 Charlotte Hungerford Hospital Summer Conditioning Camp

When: July 11th, 18th, 25th August 1st, 8th, 15th

Time: 11am to 12pm

Where: Missfits Bootcamp 160 Winsted Rd, Torrington, CT

Cost: \$60 for all 6 sessions

1. Email the following information below to Amanda Hill (amanda.hill@hhchealth.org) before July 6th, 2018 to reserve your spot!

- Student Name
- School/Grade
- Parent Name
- Parent Email
- Parent Phone Number

2. Download the forms listed below, complete and bring them with you on the 1st day of camp:

- Registration and Emergency Contact Form
- Parental Consent Form
- Medical History Form

3. Students MUST arrive to the first day of camp (July 11th) at 10:45 am with the following:

- All (3) forms filled out by parent. **No student will be allowed to participate without all (3) forms completed and signed. NO EXCEPTIONS!**
- Registration Fee of \$60: cash or check (written out to Charlotte Hungerford Hospital)
- Student should wear appropriate exercise clothing, sneakers, and bring something to drink. Students should also bring any medication they might need (epi-pen, inhaler).

After 7/6/18: First Day of Camp Registration Only: 1st come, 1st serve depending on capacity. All (3) forms must be completed and signed and brought to first day of camp with payment!

*Students can **NOT** participate if paperwork is not completed and submitted the first day of camp.*

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Registration and Emergency Contact Form

Student Name: _____ DOB: _____ School/Grade: _____

Address: _____

Parent/Guardian's Name: _____ Email Address: _____

Phone Number: _____

Emergency Contact Name #1: _____ Relation: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact Name #2: _____ Relation: _____

Please list any special instructions we may need to know about your son/daughter while at camp _____

INSURANCE INFORMATION

Ins. Co. Name _____ Policy # _____

Group # _____

Policy Holder's Name _____ Relationship to Camper _____

Hospital of Choice: _____

Statement of Consent:

In the event of an emergency situation requiring immediate medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____

Date: _____

**2018 Charlotte Hungerford Hospital Summer Conditioning Camp
Medical History Form**

Name: _____ School/ Grade: _____ Date of Birth: _____

Does your child have allergies? Yes/No If yes, please list allergies: _____

Has your child ever had to carry a bee sting kit, EpiPen or other allergy medication? Yes/No

If yes, name of medicine: _____

Does your child take medicine every day? Yes/No

If yes, name of medicine: _____

Does your child have? _____ Contacts _____ Glasses _____ Braces _____ Loose Teeth _____ False Teeth

Has your child ever had any of the following?

Asthma or use an inhaler or other medicine for asthma? Yes/No

If yes, name of medicine: _____

Kidney problems, only one kidney or kidney disease? Yes/No

If yes, explain: _____

Problems with bruising or bleeding easily or trouble stopping bleeding? Yes/No

If yes, explain: _____

Seizures, Epilepsy or Convulsions? Yes/No

Diabetes, low blood sugar or high blood sugar? Yes/No

Fainting spells? Yes/No If yes, explain: _____

Has had concussion, head injury, been knocked out or unconscious? Yes/No

If yes, when? (dates) _____

High blood pressure or heart problems? Yes/No If yes, explain: _____

A serious eye injury within the last 3 years? Yes/No If yes, explain: _____

A spine, neck or back injury within the last 3 years? Yes/No If yes, explain: _____

Bone, joint, neck or back pain? Yes/ No If yes, explain: _____

A broken bone, fracture, sprain or strain with the last 3 years? Yes/No

If yes, explain: _____

Ankle, foot, or knee problems? Yes/No If yes, explain: _____

An operation/surgery? Yes/No If yes, explain: _____

Any other health problems? Yes/No If yes, explain: _____

The medical history supplied above is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____