

LAKESIDE CHRISTIAN SCHOOL ELEMENTARY SUMMER CHEER CAMP



REGISTRATION & MEDICAL CONSENT FORM

Student Name _____ Shirt Size: YS YM YL YXL AS AM

Entering Grade _____ Birthday _____

Parent/Guardian Name(s) _____

Parent's/Guardian Email (Please print clearly)

Home Phone _____ Cell Phone _____

EMERGENCY NOTIFICATION

Emergency Contact _____ Relationship to student _____

Home Phone _____ Cell Phone _____ Work _____

Alternate Contact _____

Relationship to student _____

Home Phone _____ Cell Phone _____ Work _____

HEALTH HISTORY

Drug or Food Allergies: (Please list) _____

Asthma

Hay Fever

Diabetes

Heart Related Disorders

Nervous Disorder

Epilepsy

Physical Disability

Mental Disability

Other:

If you checked any of the above, please give details _____

Does your child take any prescription medications on a regular basis? If so, please list

Does your child wear corrective lenses? Eyeglasses _____ Contact Lenses _____

Does your child have any activity restrictions?

Student Medical Insurance _____

Policy ID # _____

PERMISSION & MEDICAL CONSENT FORM

I hereby authorize the participation of _____ in activities at and/or related to Lakeside Christian School in relation to its Summer Sports Camp. In consideration of Lakeside Christian School providing these activities, I, on behalf of myself and the other parents and guardians of the minor, do hereby release Lakeside Christian School, its officers, employees, coaches, agents and members of the Board of Elders from all claims and causes of action by any injury which may be sustained as a result of these activities. I agree to direct my child to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities.

I hereby give my permission to the physician, nurse, dentist, or other qualified medical personnel selected by Lakeside Christian School to secure medical or dental aid as required for illness or injury, including transportation to and from the necessary facilities. As a participant, I understand Lakeside Christian School is not obliged to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Date _____ Student Name _____

Print Parent/Guardian Name _____

Signature of Parent or legal guardian _____