

Medical Form

Camper's Name: _____

MEDICATIONS AT CAMP: Is it necessary to administer medication at camp (check one)? YES NO

Medications & Dosages: _____

All medication MUST be in its original container with an accurate pharmacy label. All medications MUST be accompanied by physicians orders, including OVER-THE-COUNTER medications. All medication MUST be given to front office at the time of sign in!!

Allergies & Allergies To Medications: _____

Medical Conditions, even if controlled _____

Disabilites: _____

PLEASE SEND A COPY OF YOUR CAMPERS MOST CURRENT IMMUNIZATION RECORDS

PLEASE READ ALL OF THE FOLLOWING VERY CAREFULLY:

- A \$100 non-refundable/non-transferable deposit (PER CHILD, PER WEEK) must be remitted along with this sign-up sheet to reserve your child's spot in the camp (Example: 1 child for 2 weeks = \$200 non-refundable deposit). The deposit will go towards your summer camp fee. **The entire remaining balance is due the first day of camp.**

- Checks should be made out to "FLGA." Please include your child's name on each check.
- By signing below, the parent understands that if his or her child attends one day of camp, that he or she is financially responsible for the entire week. We do not do any per day registrations.
- I fully understand that FLGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the FLGA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the FLGA staff to call our doctor and to seek medical help, including transportation by a FLGA staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the FLGA staff deem this to be necessary.

We, the staff of FLGA recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling and Cheerleading can be dangerous and lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

FLGA, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by FLGA. I, my executors or other representatives, waive and release all rights and claims for damages that my child or I may have against FLGA and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. FLGA will only warn the child through "safety messages" and our teaching style and progressions.

Parent's Signature: _____ Date: _____

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| Total Due: _____ | Deposit Received: _____ | Office Use Only Pmt Method: _____ | Date: _____ |
| | | Confirmation Call: _____ | |