

Name of Camper: (first) _____ (last) _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Use of any medication is solely the responsibility of the camper and/or his/her parents/guardian while away from Club property. Please note: Nassau Racquet & Tennis Club employees will not administer any medications, nor will any medications be stored on the premises.

<input type="checkbox"/> This person takes NO medications on a routine basis.		OR	<input type="checkbox"/> This person takes medications as follows:	
Med #1 _____	Dosage _____		Specific Times taken each day _____	
Reason for taking _____				
Med #2 _____	Dosage _____		Specific Times taken each day _____	
Reason for taking _____				
Attach additional pages for more medications.				
Identify any medications taken during the school year that participant does/may not take during the summer				

RESTRICTIONS (The following restrictions apply to this individual)

Does **NOT** eat: Red meat Pork Dairy Poultry Seafood Eggs Nuts Other _____

ALLERGIES: _____

Explain any restrictions to **ACTIVITY** (e.g. what cannot be done, what adaptations or limitations are necessary)

GENERAL QUESTIONS (Explain "yes" answers below)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?.....	[]	[]	15. Ever had back problems?	[]	[]
2. Have a chronic or recurring illness/condition?.....	[]	[]	16. Ever had problems with joints (e.g., knees, ankles)?....	[]	[]
3. Ever been hospitalized?.....	[]	[]	17. Use an orthodontic appliance at camp?	[]	[]
4. Ever had surgery?.....	[]	[]	18. Have any skin problems (rash, itching, acne)?	[]	[]
5. Have frequent headaches?.....	[]	[]	19. Have diabetes?	[]	[]
6. Ever had a head injury?.....	[]	[]	20. Have asthma?	[]	[]
7. Ever been knocked unconscious?.....	[]	[]	21. Had mononucleosis in the past 12 months?	[]	[]
8. Wear glasses, contacts or protective eye wear?.....	[]	[]	22. Had problems with diarrhea/constipation?	[]	[]
9. Ever had frequent ear infections?.....	[]	[]	23. Have problems with sleepwalking?.....	[]	[]
10. Ever passed out during or after exercise?.....	[]	[]	24. If female, have an abnormal menstrual history?.....	[]	[]
11. Ever been dizzy during or after exercise?.....	[]	[]	25. Have a history of bed-wetting?.....	[]	[]
12. Ever had seizures?.....	[]	[]	26. Ever had an eating disorder?.....	[]	[]
13. Ever had chest pain during or after exercise?.....	[]	[]	27. Been treated for emotional issues by a professional?...	[]	[]
14. Ever had high blood pressure?.....	[]	[]	28. Ever been diagnosed with a heart murmur?.....	[]	[]

Please explain any "yes: answers, noting number of question(s) _____

Which of the following
Has the participant had?

- Measles
- Chicken Pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Heamophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken Pox)		_____	_____	_____	_____	_____	_____

TB Mantoux Test
Date of last test _____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative

Please provide any **additional information** about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____

Name of family physician _____ Phone _____

Address _____

SCREENING RECORD (For Camp use only) Screened by _____

Date screened _____ Time _____ am/pm Updates to health history noted? []yes []no []n/a

Current health needs identified _____

Observational notes _____

LIABILITY WAIVER

All persons who use facilities such as Nassau Racquet & Tennis Club for purposes of exercise, athletics, health and related activities, assume the risk of injury and property damage.

I recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in this program. He/she understands that he/she must obey all rules and regulations, follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. My child and I understand the risks associated with this program and my child and I have agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in the Nassau Racquet & Tennis Club Junior Tennis Camp, including swimming activities, and I agree that it is incumbent upon me to immediately inform the Nassau Racquet & Tennis Club should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey, and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In Consideration of the Nassau Racquet & Tennis Club permitting the named minor to participate in the Junior Tennis Camp, including swimming activities, I(we) the undersigned parent(s) or legal guardian(s) hereby waive and relinquish all claims I (we) may have as a result of said minor participating in the program against the Nassau Racquet & Tennis Club, its officers, agents, servants and employees. We further release and discharge the Nassau Racquet & Tennis Club, its officers, agents, servants and employees from any and all claims for injuries including death, damage or loss to property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless and defend the Nassau Racquet & Tennis Club, its officers, agents, servants and employees from any and all such claims.

Finally, I understand there is no provision for medication administration at Camp.

Signature Parent/Legal Guardian (circle)

Print Minor's Name

Print Name

Date

EMERGENCY CONTACT(S): (Name and Phone Number)

