



# BLADIUM<sup>®</sup>

## SPORTS & FITNESS CLUB

### Participants Information

---

Child's Name: Last First M(Initial) Age DOB

---

Street Address City State Zip Code

---

Emergency Contact: Last First Relationship To Participant

---

Best Phone Number to be contacted at Alternate Phone Number

### Medical Information

---

Child's Doctor: Name Address Contact Number

---

Child's Dentist: Name Address Contact Number

---

Child's Hospital: Name Address Contact Number

#### Allergies - Does your Child Have Any Life Threatening Allergies?

No  Yes - If Yes, please list. Describe the severity of the reaction, requested accommodations and what is done to manage them

---

#### Medical, Physical or Emotional Conditions - (Including Disabilities) that may affect his/her experience at camp?

No  Yes - If Yes, please list. Provide information to assist us in providing the best camp experience for your child

---

#### Medications - Including Inhalers & Epi Pens?

No  Yes - If Yes, please list. A Medical Administration form needs completing for every medication listed here before we are able to accommodate your child

---

#### Sunscreen - Can we apply sunscreen to your child while at camp? (Please provide your child with sunscreen)

No  Yes Notes: \_\_\_\_\_

# Bladium Youth Camp Waiver & Release Form

---

Child's Name: Last First M(Initial)

- The health history is correct so far as I know and my child has permission to engage in all prescribed camp activities unless noted by me. My child is in good health.
- I understand that at the discretion of the Youth Programs Manager that my child may be dismissed from the camp without refund, for inappropriate behavior. Camp Bladium's main 3 camps rules: Respect our facilities, Respect our staff and Respect each other.
- I understand that I must pick up my child by the end of the scheduled camp. I also understand that I will be charged \$2 per minute for late pick ups.
- I give permission to Bladium to use, print and reproduce any photographs or videos taken of my child and written materials supplied by me or my child in the form of evaluations during camp. I understand that such material may be used by Bladium to promote and market Bladium's programs.

---

Parent/Guardian Name Signature Date

## Parent/Guardian Consent to Medical, Dental or Hospital Care

**If an emergency situation occurs, we will make every effort to contact the parents or guardian.**

Limited purpose power of attorney: Consent to treat a minor - I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for dental, medical or hospital care or treatment. I give you permission/power to a staff or adult volunteer of Bladium Sports & Fitness Club in behalf of all emergency treatment, medical care or dental treatment of my child that is determined necessary or desirable by the child's attending physician or dentist. I give permission to the staff, employees, volunteers or counselors at Bladium SPorts & Fitness club to treat minor injuries and give medicine.

---

Parent/Guardian Name Signature Date

## Assumption of Risk - Liability Release Waiver

**I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH, OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR THE BLADIUM PREMISES OR AT ANY OFF SITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD BLADIUM, ITS INSTRUCTOR, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.**

I am fully aware and understand that the Bladium Sports & Fitness Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the Bladium Sports & Fitness Club facilities, I hereby release and covenant not to sue the Bladium, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Bladium Sports & Fitness Club

---

Parent/Guardian Name Signature Date