

Camper's Name _____ Age _____ Sex _____ Date of Birth _____

OFC Member? YES _____ NO _____ OFC # _____

Is Parent an Employee of OFC? YES NO OchsnerClinicFoundation? YES NO

T-Shirt Size: **Child's** S M L **Adult's** S M L XL

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Work (Mother) _____ (Father) _____

Cell (Mother) _____ (Father) _____

E Mail Address _____

Mother's Name _____ Father's Name _____

Family Doctor _____ Dr.'s Phone Number _____

In Case of Emergency, contact (other than above) _____

Relationship to Camper _____ Phone Number _____

CIRCLE THE DATE OF THE CAMP OR CAMPS THAT YOUR CHILD PLANS TO ATTEND. PLEASE PLACE A CHECK IN THE DESIGNATED BOXES IF BEFORE CARE, AFTER CARE OR A BAG LUNCH IS NEEDED.

Kidsports Camp - Ages 3-12
(Monday-Friday)

	Before Care	After Care	Bag Lunch	Swim Lessons
5/15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8/14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Gymnastics & Tumbling Camp

- Girls & Boys, age 3 & up (Monday-Friday)

	Before Care	After Care	Bag Lunch
5/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PAYMENT METHOD

All Fees are non-refundable. Please enclose a check, and fill out credit card information along with this completed form and your registration fee.

Please choose your payment method for weekly camp fee charges:

Credit Card: Visa MasterCard Discover Amex

Card # _____ Expiration Date _____

Name of Cardholder _____

Cardholder's Signature _____

Drivers License# of Card holder _____

BE SURE TO COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM

Fax# 504-736-4790

CAMPS REGISTRATION

MEDICAL HISTORY

	Yes	No
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Injuries	<input type="checkbox"/>	<input type="checkbox"/>
Heart Conditions or Disease	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Muscle, Tendon or Ligament Problems	<input type="checkbox"/>	<input type="checkbox"/>
Previous Broken Bones or Other Injuries	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/Contacts needed for class	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything else that we should know about the health of your child?.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above, please explain below: (Special Needs)

Please list anyone that is able to pick up your child from Kidsports Camp along with their Drivers License #.

1) _____ 2) _____
 3) _____ 4) _____

I give my permission for any necessary emergency and medical treatment including sutures, setting of bones, injections and anesthesia that may be required due to injury during Summer Camp. In the case of extreme emergency, the paramedics will bring my child to the nearest available medical facility. In all cases, decisions of this nature will be left to the discretion of the paramedics. In cases where the paramedics leave an option of which medical facility to bring my child, please bring my child to _____ Medical Facility, located at _____ . This does not in any way hold the camp financially responsible or otherwise liable for any medical or emergency care given.

I understand that any weeks denoted are a commitment on my part and that payment will automatically be charged to my chosen method of payment as indicated above. **ALL FEES ARE NON-REFUNDABLE. I UNDERSTAND THAT THE DATES OF CAMP ARE A COMMITMENT AND IF MY CHILD OR CHILDREN ARE UNABLE TO ATTEND, I WILL BE CHARGED A FEE OF \$25.00 PER CHILD PER WEEK AS A NON-ATTENDANCE FEE.**
 X _____ (INITIAL)

We permit the free use of our name and family members' names and pictures listed on this application in broadcasts, telecasts, newspapers, brochures and any other form of communication to which such use may be applied. We permit our child to participate in all activities.

Signed: _____ Date: _____
 Parent / Guardian

RELEASE

"I, the undersigned parent and/or guardian of the child I have enrolled in camp, certify that I am aware that my child will be involved in physical activities such as swimming, volleyball, racquetball, gymnastics, etc., and that I am aware of all inherent risks associated with these activities. I understand that I will be informed in writing of the activities my child will take part in each week. I, and my child, understand that my child's participation in these activities is entirely our choice, and that I give my full consent for my child to take part in these physical activities.

In consideration of my child being allowed to participate in this Camp program, I hereby release Ochsner Fitness Center, Gymnastics, Kidsports and Ochsner Clinic Foundation, its successors, employees and agents from any and all liability for any injury or damage which may occur as a result of the Participant's participation in the Kidsports/Gymnastics Program including all risk connected therewith, whether foreseen or unforeseen; and further, agree to save and hold harmless Kidsports, Gymnastics, Ochsner Fitness Center and Ochsner Clinic Foundation, its officers, employees, directors, and agents, from any claim by the Guardian individually or on behalf of the Participants, his or her family, estate, heirs, or assigns, arising out of the Participant's participation in the Kidsports / Gymnastics Program"

Signed: _____ Date: _____
 Parent / Guardian