

Summer Camps Registration

Sec.# _____

Official Use Only

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

OFC Member? YES NO OFC # _____

Is Parent an Employee of OFC? YES NO Ochsner Clinic Foundation? YES NO

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

Home Address _____

Work (Parent 1) _____

Work (Parent 2) _____

City _____ State _____ Zip _____

Cell (Parent 1) _____

Home Phone Number _____

Cell (Parent 2) _____

Email Address _____

Parent 1 Name _____ Parent 2 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
5/14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5/21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Gymnastics & Tumbling Camp
Ages 3 & Up
(Monday – Friday)

	Before Care	After Care	Bag Lunch
5/21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7/23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PAYMENT METHOD

All fees are nonrefundable.

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
- American Express

Card # _____

Expiration Date _____

Name of Cardholder _____

Cardholder's Signature _____

Driver's License # of Cardholder _____

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 question, please explain below:
(Special Needs) _____

Please list anyone who is able to pick up your child from Summer Camp along with their Driver's 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 have 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 NONREFUNDABLE. 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 that 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

Please email completed forms or submit in person.
Scholarship Program: raywilliams@ochsner.org