

FOOTHILL SPIDERS SUMMER CAMP 2024

REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Phone number _____ E-mail _____
Emergency Contact _____ Emergency Contact Number _____
Emergency Contact _____ Emergency Contact Number _____

CAMP INFORMATION

T&F Camp ☐ Session I: July 29th -Aug 1st, 2024 (8am-12:30pm) and Aug 3rd (Time varies by events entered)
T-Shirt Size: ☐ Youth M ☐ Youth L ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Home number _____ Work number _____ Cell number _____

COST

Cost: ☐ **4 day Camp and Track Meet - \$140 Due with registration by July 29, 2024**
☐

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director while your child is at the camp site.

Child's Doctor's Name: _____ Phone Number: _____

Allergies: ☐ Yes ☐ No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen? ☐ Yes ☐ No

May we serve your child food and beverages: ☐ Yes ☐ No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

Medications (including Inhalers): ☐ Yes ☐ No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

Is your child up-to-date on all state-required immunizations? ☐ Yes ☐ No

PLEASE COMPLETE THE REVERSE SIDE OF THE FORM —————>

INSURANCE INFORMATIONIs the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

Carrier or Plan Name: _____ Group #: _____

Address _____ City _____ State _____ Zip Code _____

Name of Insured: _____ Relationship to participant: _____

AUTHORIZATION OF CONSENT

(Print child's name)

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code § 2000 et. seq: or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professionals Code § 1600 et. Seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of the California Family Code § 6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of the California Family Code § 6910, to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code § 1283.

These authorizations shall remain effective until August 4, 2024, unless sooner revoked in writing delivered to said agent(s).

INDIVIDUAL CONTRACT

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Foothill Spiders Track Club, and the Folsom-Cordova Unified School District, its school board, and the officers, employees, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the Foothill Spiders Track Club of liability for any claims that may arise out of activity. Foothill Spiders Track Club also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of the Foothill Spiders Track Club. I also understand that participation in the program can cause severe injury or death and I have taken care to enroll at the level of his/her/my/our physical abilities and/or medical conditions. I hereby grant permission to the Foothill Spiders Track Club to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Signature of Parent/Guardian of Minor_____
Date_____
Participants name

Please submit completed form and payment by US mail to
Foothill Spiders TC, 364 Mountain View Dr. Folsom, CA 95630
Make check payable to "Foothill Spiders TC"