

Security Number \_\_\_\_\_  
(Kidsports will issue this number)



# \*Audubon\* Camp Registration Form

Date of Birth \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Kidsports Member? YES \_\_\_\_\_ NO \_\_\_\_\_ EFC Member? YES \_\_\_\_\_ NO \_\_\_\_\_

Is Parent an Employee of EFC? YES \_\_\_\_\_ NO \_\_\_\_\_, Alton Ochsner Medical Foundation? YES \_\_\_\_\_ NO \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone Number \_\_\_\_\_

In Case of Emergency, contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone Number \_\_\_\_\_

Please circle the date or dates of camp that your child plans to attend: Please place a check in the designated space if before care or after care is needed.

09/28/07  
BC \_\_\_ AC \_\_\_

10/26/07  
BC \_\_\_ AC \_\_\_

12/21/07  
BC \_\_\_ AC \_\_\_

01/25/08  
BC \_\_\_ AC \_\_\_

02/29/08  
BC \_\_\_ AC \_\_\_

04/25/08  
BC \_\_\_ AC \_\_\_

### PAYMENT METHOD

**All fees are non-refundable.** Please enclose a check, credit card information or Elmwood account information along with this completed form. Call 504-733-1200 for more information.

**MAIL TO: Kidsports Camp 1200 South Clearview Parkway, Suite 1200 Harahan, La 70123**

**Check:** \_\_\_\_\_ Amount \_\_\_\_\_

**Credit Card:** Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to be charged \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Elmwood Fitness Center Account #:** \_\_\_\_\_ **Member's Name** \_\_\_\_\_

Amount to be charged \_\_\_\_\_ Member's Signature \_\_\_\_\_

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

# MEDICAL HISTORY

	YES	NO
Medication . . . . .	_____	_____
Allergies . . . . .	_____	_____
Asthma . . . . .	_____	_____
Kidney Injuries . . . . .	_____	_____
Heart Conditions or Disease . . . . .	_____	_____
Epilepsy . . . . .	_____	_____
Hearing Problems . . . . .	_____	_____
Muscle, Tendon or Ligament Problems . . . . .	_____	_____
Previous Broken Bones or Other Injuries . . . . .	_____	_____
Glasses/Contacts needed for class . . . . .	_____	_____
Is there anything else that we should know about the health of your child? . . . . .	_____	_____
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 Camp 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 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.

We permit the free use of our name and family member's 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.

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 Elmwood Fitness Center, Kidsports and Alton Ochsner Medical Foundation, its successors, employees and agents, from any and all liability for any injury or damage which may occur as a result of the Participants participation in the Kidsports Program including all risk connected therewith, whether foreseen or unforeseen; and further, agrees to save and hold harmless Kidsports, Elmwood Fitness Center and Alton Ochsner Medical 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 Participants participation in the Kidsports Program.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian*