



POWERED BY SARASOTA MEMORIAL

Kids Camp Registration
Child Information and Health Assessment
(One form per child, children from same family must have their own form)

Camper Name: _____ DOB*: _____ Male / Female

*Camper must be 6 by the first day of camp, and be under 11 years of age.

Email: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Emergency Contact: _____ Relation to Child _____

Phone#1: _____ Phone #2: _____

Please list the names of any person and phone number who might be picking up your child:

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

Is your child allergic to bee stings? Yes ___ No ___
Is your child diabetic? Yes ___ No ___
Does your child have high blood pressure? Yes ___ No ___
Is there history of high blood pressure in your family? Yes ___ No ___

Does your child have any limitations? Yes ___ No ___
If yes, please explain: _____

Are there any behavioral issues or special needs that our counselors should be made aware of? Yes ___ No ___
If yes, please explain: _____

Food Allergies - please list all food allergies for child:

Has your Child had any previous surgery? Yes ___ No ___
If yes, please explain: _____

Does your child have any medical problems not already listed? Yes ___ No ___
If yes, please explain: _____

Is your child taking any medications? Yes ___ No ___
If yes, please list them: _____



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Please indicate the week(s) during which the camper is to be registered for:

Week 1 – June 14-18

Week 2 – June 21-25

Week 3 – June 28-July 2

Week 4 – July 5-9

Week 5 – July 12-16

Week 6 – July 19-23

Week 7 – July 26-30

Week 8 – August 2-6

Parent/Guardian Release Statement:

This facility is not licensed, and is not required to be licensed, by the State of Florida. I understand that all due regard and proper safety precautions will be used. However, in the event that my child should be injured or lose personal property, I will not hold Rising Stars Childcare, Healthfit, Sarasota Memorial Hospital, or its childcare providers liable for that injury or property loss.

Signature of Parent/Guardian

Date