

World Cup Gymnastics - Summer Camp Immunization Record

Year: 20__

Camper's Last Name:	Camper's First Name:	Gender:	Date of Birth: (MM/DD/YY)
		M / F	
Street Address:			
City:		State:	Zip:
Please list allergies and any medical or dietary restrictions or behavioral concerns that will assist our staff in properly caring for your child. If none, please write "NONE" in the box below.			

Immunization record as required by the Department of Health. Please list exact date (MM/DD/YY). Do not attach records – complete boxes below.

DPT/DPaT-1:	DPT/DPaT-2:	DPT/DPaT-3:	DPT/DPaT-4:
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OPV/IPV - 1:	OPV/IPV - 2:	OPV/IPV - 3:	Influenza (Hib):
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Hepatitis B (HepB) - 1:	Hepatitis B (HepB) - 2:	Hepatitis B (HepB) - 3:
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Children in grade K or older are required to have 2 vaccines for measles.	MMR – 1:	
	MMR – 2:	

Varicella Chicken pox or Varivax:	
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Doctor's name:	Doctor's Phone:
Insurance Company:	Insurance Policy Number:

In consideration of your accepting this registration, I, the undersigned, for myself, my executors, administrators, assignees, do hereby release and discharge World Cup Gymnastics/World Cup Nursery School and Kindergarten and any and all sponsors, organizers and their representatives and successors from all claims of damages, demands, action and causes of actions whatsoever, in any manner arising or grown out of my child's participation in said program. I hereby certify that the above information is correct and that my child is in normal physical and mental health. I give permission for my child to participate in all camp activities including swimming off site, as well as out-of-camp trips, and I understand that continued misbehavior on the part of my child will result in dismissal from camp. If I cannot be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of injury, x-ray and needed care.

Printed name of parent/guardian:	
Signature:	Date: