



# 2011 Medical Form

**ALL CAMPERS MUST HAVE A COMPLETED MEDICAL FORM ON FILE PRIOR TO PARTICIPATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address	City	State	Zip code
Birth date / /	Age at camp	Gender M or F	SS# _____ Optional requested by clinic or hospital

**Parent(s) or Custodial**

Guardian(s)		
Home Phone	Business Phone	Cell Phone

**Camper's Insurance Information**

**Please attach a photocopy of the front and back of the insurance card. Pharmacy cards may also be sent.**

Insurance Company	Policy #	Subscriber #
Insurance Address	City	State
Subscriber Name	Subscriber Address	
Family Physician	Phone #	

**ALL CAMPERS MUST BE COVERED BY THEIR OWN MEDICAL INSURANCE.**

**MEDICAL RELEASE**

- I hereby acknowledge that I am either the parent or legal guardian of \_\_\_\_\_ (hereinafter "the camper"). In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize the physician(s) and staff of the Yampa Valley Medical Center, the Craig Hospital (or any other Medical Facility deemed necessary by staff at the above locations) to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to the camper while enrolled in Excel Gymnastics Of Steamboat. Said medical treatment may be given without any further prior permission from the undersigned. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the camper's participation in Excel Gymnastics of Steamboat's program.
- I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I acknowledge that the camper will be covered by his/her own medical insurance and that all medical expenses incurred will be the responsibility of the camper and the camper's family or guardian(s).
- I authorize the release of medical records needed to provide a continuity of care upon the camper's return to Excel Gymnastics of Steamboat.

\_\_\_\_\_  
(Parent/Custodial Guardian Printed Full Name) (Parent/Custodial Guardian Printed Full Name)

\_\_\_\_\_  
(Signature and Date) (Signature and Date)

**PAST MEDICAL HISTORY:**

Does your child have any of the following: (Please check box after the condition listed)

- Diabetes  Ear Infections  Heart Disease  Kidney Disease
- Nervous/Mental Disorders  Asthma  Hemophilia/Bleeding Disease  Sore Throat  Hypertension  Sleep Walking  Rheumatic Fever
- Epilepsy/Seizure  Ulcer/Stomach Disease  Rheumatoid/Lupus  Bronchitis  Frequent Colds  Bed Wetting  Bowel Disorders  Mitral Valve Prolapsed
- Respiratory Disease  Hepatitis/Liver Disease  HIV/AIDS  Fainting  Constipation

Please provide details if any condition is checked above: \_\_\_\_\_

Any operations, illnesses, or injuries during the past school year: \_\_\_\_\_

Other injuries, surgeries, or limitations: \_\_\_\_\_

Date of last DPT or DT Booster: \_\_\_\_\_

Any allergic reactions to the following: Bee Sting  Poison Oak  Penicillin  Sumac  Hay Fever  Poison Ivy

Other: \_\_\_\_\_

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed. Example: Tylenol, antihistamines, antacids, etc.  Yes  No Exceptions: \_\_\_\_\_

**\*\*\*\*\* PLEASE DO NOT SEND OVER THE COUNTER MEDICATIONS TO CAMP WITH YOUR CHILD \*\*\*\*\***

All prescription medications sent to camp **MUST BE IN ITS ORIGINAL PRESCRIPTION PACKAGING** including type of medication, dosage and frequency. Parents may include a note for the condition being treated. For the safety of all the campers, medication will be kept and administered by our medical staff.

Medications your child will be bringing to camp: \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT:**

If I am not available please contact: Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) Work Phone:(\_\_\_\_\_) Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

I understand the consent and authorization herein granted does not include major surgical procedures. I understand that I will be contacted in the event that my child is brought to the Hospital/Medical Center for treatment.

Parent/ Custodial Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EXCEL GYMNASTICS OF STEAMBOAT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I hereby acknowledge that I am either the parent or legal guardian of:

\_\_\_\_\_ (hereinafter "the camper").  
(Camper's Full Name)

IN CONSIDERATION of the camper being permitted to participate in any way in the activities at Excel Gymnastics of Steamboat, located at 1955 Bridge Lane, Suite 1500, Steamboat Springs CO 80487, EACH OF THE UNDERSIGNED:

1) HEREBY acknowledges that THE ACTIVITIES AT EXCEL GYMNASTICS OF STEAMBOAT ARE DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. THE ACTIVITIES AT EXCEL GYMNASTICS OF STEAMBOAT INCLUDE, BUT ARE NOT LIMITED TO, GYMNASTICS, SWIMMING AND OTHER GENERAL CAMP ACTIVITIES.

Participation in many of Excel Gymnastics of Steamboat activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury or death. Some of the risks include, but are not limited to, less serious injuries such as bruises, sprains or strains, and more serious injuries such as broken bones, dislocations and torn muscles. The risks also include, but are not limited to, catastrophic injuries such as permanent paralysis or even death, which may be caused by landing or falling on the back, neck or head. Paralysis or death may be caused by an injury to the central nervous system or other vital organs.

2) HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Excel Gymnastics of Steamboat, including its directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY, TO THE UNDERSIGNED AND THE CAMPER, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE CAMPER OR PROPERTY OR RESULTING IN DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

3) HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4) HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

5) HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, including negligent rescue operations, and is intended to be as broad and inclusive as is permitted by the laws of Colorado and if any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6) HEREBY agrees that Excel Gymnastics of Steamboat is not responsible for personal items that are lost, stolen or damaged.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ALSO ON THE CAMPER'S BEHALF BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
(Parent/Custodial Guardian Printed Full Name)

\_\_\_\_\_  
(Parent/Custodial Guardian Printed Full Name)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Signature and Date)