



986 Main Street, Suite 9
 Fishkill, NY 12524
 Phone: 845-896-5270
 info@dutchessgymnastics.com
 DutchessGymnastics.com

Camp Registration / Health Form

Parent/Guardian Information

Parent/Guardian Full Name:		Relationship:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell:	Work:
Email Address:		

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Street Address:		
City:	State:	Zip:
Home Phone:	Cell:	Work:
Email Address:		

Emergency Contacts

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Student Information

Full Name:	Date of Birth:
Grade Level:	Gender: Female / Male

Health Care Information

****Health insurance coverage is required for attendance of all activities at Dutchess County Gymnastics Center.****

Insurance Company:	Phone:
Subscriber:	Policy Number:
Physician:	Phone:
Dentist:	Phone:
Specialist/Other:	Phone:

Camp Weeks

Week 1: Full Day / Half Day	Week 5: Full Day / Half Day
Week 2: Full Day / Half Day	Week 6: Full Day / Half Day
Week 3: Full Day / Half Day	Week 7: Full Day / Half Day
Week 4: Full Day / Half Day	Week 8: Full Day / Half Day

General Health History

Circle "Yes" or "No" for each question. Explain any "Yes" answers below.

Ever Been Hospitalized?	No / Yes	Ever had surgery?	No / Yes
Have a chronic illness?	No / Yes	Recent infectious disease?	No / Yes
Had a recent injury?	No / Yes	Asthma/Shortness of breath?	No / Yes
Have diabetes?	No / Yes	Have or had seizures?	No / Yes
Have or had headaches?	No / Yes	Wear corrective eyewear?	No / Yes
Had fainting or dizziness?	No / Yes	Passed out/chest pain during exercise?	No / Yes
Ever had back/joint problems?	No / Yes	Have any skin problems?	No / Yes
Have problems with diarrhea/constipation?	No / Yes		
Had mononucleosis (Mono) during last 12 months?	No / Yes		

Please explain any "Yes" answers above: _____

Allergies

Does this camper have any known allergies?	No / Yes
If "Yes", this camper is allergic to:	
<input type="checkbox"/> Food - _____	
<input type="checkbox"/> Medicine - _____	
<input type="checkbox"/> The environment (insect stings, hay fever, ect.) - _____	
<input type="checkbox"/> Other - _____	
Please describe specifics about the allergy and what reactions are seen.	

Diet / Nutrition

Dutchess County Gymnastics Center requires that all campers bring their own food for snacks and lunches. In any instance where a child does not have food for lunch, DCGC will provide a lunch from "The Bagel Shoppe" located in the same plaza. The cost will be \$15 for each meal provided.

Please describe any dietary restrictions that this camper may have.

Dutchess County Gymnastics Center discourages the "trading" of any food between the campers due to food allergies. We also ask that parents pack foods that are nut-free as there are usually children that have allergies to nuts in every camp.

Mental, Emotional, and Social Health

Select "Yes" or "No" for each question. Explain any "Yes" answers.

<p>1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?</p> <p align="center">No / Yes</p>	<p>If "Yes": _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. Ever been treated for emotional or behavioral difficulties or an eating disorder?</p> <p align="center">No / Yes</p>	<p>If "Yes": _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. During the past 12 months, seen a professional to address mental/emotional health concerns?</p> <p align="center">No / Yes</p>	<p>If "Yes": _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</p> <p align="center">No / Yes</p>	<p>If "Yes": _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Immunization History

Please provide a copy of your child's immunization history from your doctor's office. Immunizations must be up to date for the health and safety of all staff and campers. *You must bring a copy to the facility at 986 Main Street, Suite 9 in Fishkill at least one week before the attendance of camp.*

Medications

Dutchess County Gymnastics Center staff and employees will not administer any prescribed medications without specific written consent from a Parent/Legal Guardian. If a camper must take a prescription medicine during camp hours, the medication must be in the original bottle with the camper's name, along with detailed instructions on how and when to administer the medicine, and whether the camper will need additional assistance when taking the medication. **If possible, please administer all medications before or after the scheduled camp.**

Asthma / Inhaler

Does this camper require an inhaler for Asthma?	No / Yes
Will the camper carry a rescue inhaler?	No / Yes
Does this camper need assistance with the inhaler?	No / Yes

Other

Please let us know any other information that you feel would be useful for the staff to know about your child while at camp.

Parent/Guardian Acknowledgment and Authorization

This health history is correct and accurately reflects the health status of this camper to whom it pertains. The person described has permission to participate in all camp activities except those noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give my permission to photocopy this form and provide any information to a treating physician. I understand that I must provide immunization records at least one week before the attendance of camp and I must provide detailed instructions with any medications that may need to be taken during camp hours.

Parent/Guardian Signature: _____ **Date:** _____