

# camper form

## Camper Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL \_\_\_\_\_ GENDER  F  M

SCHOOL IN THE FALL GRADE \_\_\_\_\_

SWIM SKILLS ASSESSMENT: HESITANT BEGINNER ADV. BEGINNER INTERMEDIATE

## CONSENT AND AUTHORIZATION

Emergency: I/We agree to allow The Riviera Club to act on my/our behalf as a parent/guardian at any time when I am not readily available in any matter regarding the health, safety and wellbeing of my child. I/We hereby release and hold harmless The Riviera Club, its agents, volunteers, and employees from any and all costs, damages, claims, actions, and liability of whatsoever nature or kind that may occur as a result of The Riviera Club personnel or its volunteers exercising the duties as delegated hereunder when performed in good faith and in the best interest of the child. Initial \_\_\_\_\_

Activity/Transportation: I hereby give permission for my child to participate in tennis activities and to travel with the Riviera tennis staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the Riviera Club, and that there will be at least one Rivi staff or Member present at all times. I agree to release the Riviera Club, its officers, and directors, and the tennis staff from any and all claims of damages, demands, or liabilities which may arise as a result of my child's participation in tennis activities and participation in tennis activities and trips. Initial \_\_\_\_\_

Refund/Cancellation: Rain day make-up classes will be scheduled (as time & weather permit) at the discretion of Rivi Tennis Pros. The Riviera Club reserves the right to modify or cancel dates, times, and curriculum. A minimum number of participants is required to conduct.

Photography: The Riviera Club has permission to use photographs/video or images of my child for publicity purposes, including but not limited to, The Riviera Club website, printed materials, and publications. Initial \_\_\_\_\_

Lost/Damaged Items: The Riviera Club cannot be held responsible for the loss, damage, or theft of any belongings brought to Rivi. All personal belongings such as toys, electronics, etc., must be left at home. Initial \_\_\_\_\_

Signature of Parent/Guardian (authorization for THIS page)

Date

# Riviera

## 2018

# Fall Break Camp



## October 8th-12th

## October 15th-19th



THE RIVIERA CLUB

5640 N ILLINOIS ST • INDIANAPOLIS, IN 46208 • 317-255-5471 • RIVI.ORG

# Camper Registration

| Dailey Prices                   | 10/8 | 10/9 | 10/10 | 10/11 | 10/12 | 10/15 | 10/16 | 10/17 | 10/18 | 10/19 | Total |
|---------------------------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Full Day \$45/member            |      |      |       |       |       |       |       |       |       |       |       |
| Full Day \$60/Guest             |      |      |       |       |       |       |       |       |       |       |       |
| Extended Care 8-9am member free |      |      |       |       |       |       |       |       |       |       |       |
| Extended care 8-9am Guest \$10  |      |      |       |       |       |       |       |       |       |       |       |
| Extended care 4-6pm \$10/Child  |      |      |       |       |       |       |       |       |       |       |       |
| <b>Total</b>                    |      |      |       |       |       |       |       |       |       |       |       |

| Weekly Prices                   | Oct 8-12 | Oct 15-19 |
|---------------------------------|----------|-----------|
| Full Day \$160/member           |          |           |
| Full Day \$185/ Guest           |          |           |
| Extended Care 8-9am member free |          |           |
| Extended Care 8-9am Guest \$25  |          |           |
| Extended Care 4-6pm \$50        |          |           |
| <b>Total</b>                    |          |           |

**Total Amount Due \$** \_\_\_\_\_

**Method of Payment**

- Check       Visa  
 Mastercard       American Express  
 Discover       House Account

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Expiration \_\_\_\_\_ CVM \_\_\_\_\_  
 Signature \_\_\_\_\_

**MEDICAL INFO**

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
 DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_  
 HOSPITAL PREF. \_\_\_\_\_ DATE OF LAST PHYSICAL \_\_\_\_\_  
 INSURANCE CARRIER \_\_\_\_\_ POLICY/GROUP # \_\_\_\_\_

**ADDITIONAL INFO**

MEDICAL HISTORY (*circle one*)

|                            |     |                      |     |
|----------------------------|-----|----------------------|-----|
| Autism                     | Y N | ADD/ADHD             | Y N |
| Frequent Ear Infections    | Y N | Heart Defect/Disease | Y N |
| Convulsions                | Y N | Diabetes             | Y N |
| Bleeding/Clotting Disorder | Y N | Hypertension         | Y N |
| Tetanus Innoc. Date        | Y N | Asthma               | Y N |

Other \_\_\_\_\_

ALLERGIES (*circle one*)

Food Y N *specify:* \_\_\_\_\_ Poison Ivy, etc. Y N *specify:* \_\_\_\_\_

Medicine Y N *specify:* \_\_\_\_\_ Insect Stings Y N *specify:* \_\_\_\_\_

Other \_\_\_\_\_

Details of above (use additional sheet if needed): \_\_\_\_\_

Current Medications (send prescriptions in original bottle): \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Disability due to chronic or recurring illness: \_\_\_\_\_

Any specific activities encouraged or limited by physician's advice: \_\_\_\_\_

Special needs (physical, social, or psychological) for camp counselor awareness: \_\_\_\_\_

Additional information about your child(ren) we need to know: \_\_\_\_\_

I hereby declare the above history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither The Riviera Club nor any of its paid staff or volunteer workers can be held responsible in the event of an accident.

I understand the Club reserves the right to cancel any campers' enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interest of camp. No refund will be issued. A code of conduct form will be signed by each camper.

\_\_\_\_\_  
Signature of Parent/Guardian (authorization for THIS page)

\_\_\_\_\_  
Date