

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

Riviera

2019



March 25th-29th

April 1st-5th



THE RIVIERA CLUB

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

# Camper Registration

Dailey Prices	3/25	3/26	3/27	3/28	3/29	4/01	4/02	4/03	4/04	4/05	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	March25-29	April 1-5
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  
 Mastercard  
 Discover  
 Visa  
 American Express  
 House Account

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



# camper form

## Camper Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ GENDER F M  
 Current SCHOOL 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.

Refund/Cancellation: There are no refunds one Riviera Camp has started. 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.

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.

Signature of Parent/Guardian (authorization for THIS page)

Date

