

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

2020

October 12-16

October 19-23



Camper Registration



	10/12	10/13	10/14	10/15	10/16	10/19	10/20	10/21	10/22	10/23	Total
Dailey Prices											
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											
Total											

	Oct 12-16	Oct 19-23
Weekly Prices		
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		
Total		

Total Amount Due \$ _____

Method of Payment

- Check
- Visa
- Mastercard
- American Express
- Discover
- 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. Initial _____

Refund/Cancellation: There are no refunds one Riviera Camp has started. A minimum number of participants is required to conduct. Initial _____

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 to toys, electronics, etc., must be left at home. Initial _____

Signature of Parent/Guardian (authorization for THIS page)

Date