

RYLA CONSENT, WAIVER & MEDICAL RELEASE FORM

Name _____ Sex _____ Grade _____ Age _____
Address _____
City/State: _____ Zip: _____
High School: _____
Parent/Guardian Name(s): _____
Address _____ City/State _____ Zip _____
Home Phone # (_____) _____ Cell # (_____) _____
Family Physician's Name _____ Phone # (_____) _____
Name of Primary Insurance Policy _____

Date of last Tetanus shot _____ Is this camper allergic to Tetanus Booster? _____

Has Camper Had:

Appendix Removed _____
Fainting Spells _____
Asthma _____
Heart Trouble _____
Convulsions _____
Diabetes _____
Allergies to food or medicine?
Specify: _____
Any other allergies?
Specify: _____

Other (i.e. recent traumatic injury):

Medical Authorization

Is camper taking any medication that must be given at the Camp? _____

If yes, please fill out below:

Please following medication: _____

Dosage _____ Time _____

Activities to limit: _____

I consent to _____'s (hereinafter "my child") participation in the RYLA.
(student's name)

My child has permission to engage in all prescribed activities, except as noted above by me.

In consideration of participation in this event, I agree, on behalf of my child, his/her heirs and representatives to fully and forever release, discharge, indemnify and hold harmless Rotary Club of Corpus Christi, the sponsoring Rotary Club of District 5930 and Camp Zephyr, their agents, servants and employees, successors, insurers, assigns, and all other persons, firms or corporations who might be liable, from any and all claims, demands, damages, charges, costs rights or causes of action of whatever nature, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event.

I also hereby authorize any medical treatment required by my child while in attendance at this event. I have described above any special medical or other needs required by my child, and will notify event personnel of any special needs or information required by my child.

I also understand that all rules and regulations for this event will be enforced and any violation by my child will result in a call to me with a possible request to come pick up my child.

Print Parent/Guardian Name: _____ **Relationship:** _____

Parent/Guardian Signature: _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

Other person to notify in case of an emergency _____

Other emergency phone (_____) _____