SPORTIME
TENNIS • FITNESS • MULTI-SPORT

SUNSCREEN PERMISSION FORM

New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent.

I hereby give permission for _____ to carry and use sunscreen at camp and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of parent/guardian: _____ Date: ____ / _____ / _____

PARENTAL AGREEMENT

My child _____ has permission to participate in supervised activities on campus. Campers who vandalize or willfully destroy or damage Sportime property will be held accountable. Our staff inspects the properties on a regular basis. It is understood by parents and campers that any portraits or pictures of the camper taken at camp may be used by Sportime or assigned agents for arts, advertising and promotional literature or video. Parents and campers waive the right to inspect and/or approve the finished product or copy.

I have read and agree to the above,

Signature of parent/guardian: _____ Date: ____ / _____ / _____

SPORTIME CAMP – CONSENT FOR TREATMENT

In case of a medical emergency due to sickness or accident to your child, we will need your consent to insure immediate medical treatment. I understand that should an accident, illness or medical emergencies arise, I will be notified. However in the event I cannot be reached by telephone, I authorize any medical or surgical treatment, x-rays, examinations, prescription drugs, etc. deemed necessary by a licensed medical physician.

Signature of parent/guardian: _____ Date: ____ / _____ / _____

Camper's name: _____
Address: _____
Home phone: (____) _____ - _____ Work phone: (____) _____ - _____Cell phone: (____) ____ - _____

INSURANCE COVERAGE (Must be completed)

Insurance company: _____
Policy Number: _____
Address: _____Phone number: (_____) _____ - _____

I authorize the use of my credit card to cover medical expenses (circle on): **MASTER CARD - VISA- AMEX - DISCOVER**

Card number: _____
Expiration date: _____ / _____ Name on card: _____
Signature: _____
Effective Dates: (From) _____ (to) _____