



No  Yes-If yes, please list, describe the severity of the reaction, requested accommodations and what is done to manage them.

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**Medical, Physical or Emotional Conditions** that may affect his/her experience at our camp?

No  Yes-If yes, please provide information to assist us in providing the best camp experience for your child.

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**Medications/Inhalers**

No  Yes-If yes, please describe.

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**\*\*All Medications must be in their original containers and be appropriately labeled. Your child must bring an attached note detailing the medications and doses for all prescriptions. Please DO NOT give your child's medication for them to bring to camp. Medications must be given to the Bounce Staff.**

Physician's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

-

1st Choice

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

-

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

-

**Is there anything that we have forgotten to ask?**

\*Please provide any additional information about your child that would help him or her have a great experience this summer.

## Vaccinations

**\*\*PLEASE ATTACH IMMUNIZATION FORMS TO THIS FORM\*\***

Measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Food \_\_\_\_\_

Flu Shot \_\_\_\_\_

Mumps \_\_\_\_\_

Authorization for emergency medical care and transportation: In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

\_\_\_\_\_ Parent/Guardian Signature

If your child is 12 years or older they may sign themselves in and out of camp if you wish:

I \_\_\_\_\_ give my child \_\_\_\_\_ permission to sign themselves in and out of Bounce Summer camp. They will not be able to sign out until the end of camp (12:00pm or 4:00pm). After the student has signed themselves out, Bounce is no longer liable or responsible for your child.

Please check the days that your son or daughter will be signing themselves in/out.

\_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

\_\_\_\_\_ Parent/Guardian Full Name (Please Print)

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

**STANLEY HALF DAY CAMPS!**-If your child is attending a camp for the 2nd part of their day at another Stanley Camp please sign below. Students will eat lunch with their morning camp before being signed in at their afternoon camp.

I \_\_\_\_\_ give permission for a Bounce employee to sign my child \_\_\_\_\_ into camp at another camp within the Stanley Marketplace.

My child will be coming from or going to \_\_\_\_\_ camp.

\_\_\_\_\_  
Parent/Guardian Full Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **MINIMUM ELEMENTS FOR COVID-19 ASSUMPTION OF RISK**

I confirm that, to the best of my knowledge, all the following are true with respect to myself and all minor children and others in my party:

- None of us has tested positive for COVID-19 in the last 30 days.
- None of us is a carrier of COVID-19.
- None of us presently has any of these symptoms: (a) fever of 100.5° F. or higher; (b) shortness of breath; (c) dry cough; (d) runny nose; (e) sore throat; or (f) diminished sense of taste or smell.
- None of us has knowingly been in close contact (within 6 feet for 15 minutes or more) in the last 14 days with anyone who has any of the above symptoms or who has tested positive for COVID-19.

I understand all the following:

- COVID-19 has a long incubation period during which a person may be a carrier of the disease but show no symptoms.
- It is impossible to determine who has or does not have COVID-19, given the current limitations and availability of COVID-19 testing.
- Because COVID-19 is an airborne disease, there is a risk of contracting it simply by entering the premises of Bounce Stapleton.
- Bounce Stapleton cannot furnish any masks.

On behalf of myself and the minor children and others in my party, I voluntarily assume the substantial and significant risk of serious harm that may be associated with entering and using the premises and with attending and participating in activities at Bounce Stapleton. I agree to accept sole responsibility for any illness, injury, or expense of any kind that may result and to hold Bounce Stapleton harmless from any claim, expense, or liability arising from the same.

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Parent/Guardian Full Name (Please Print)

Parent/Guardian Signature

Date

### **Parent/Guardian Consent to Medical Care**

**If an emergency situation occurs, we will make every effort to contact the parents or guardian.**

**Limited purpose power of attorney:** Consent to treat a minor-I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act of my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. I give permission/power to the Bounce staff to treat minor injuries and give medicine.

**Signature of parent or legal guardian** \_\_\_\_\_

### **Liability Release & Waiver**

**I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, ILLNESS, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE BOUNCE PREMISES OR AT ANY OFF SITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD BOUNCE STAPLETON LLC, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.**

**I am fully aware and understand that BOUNCE STAPLETON LLC does not have, or employ or contract with any medical services, provisions for ordinary or emergency medical services.**

**In consideration of my child's participation in and the use of Bounce Stapleton LLC and Endorphin Fitness Centers, I hereby release and covenant not to sue Bounce Stapleton LLC or Endorphin Fitness Centers.**

**I HAVE READ THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

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**Parent/Guardian Name**

**Date**

**Signature**

