

(In case we can't reach YOU)

Day Phone _____

Day Phone is: Home Work Cell

Night Phone _____

Night Phone is: Home Work Cell

Family Physician Name _____ Phone _____

SECTION II - INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier: _____

Group # _____ Policy # _____

Policy Holder's Name _____

Relationship to participant _____

SECTION III - MEDICATIONS

Will camper be taking medications while at camp? (circle one) Yes No

(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, it is Illinois state law to secure your consent for medication distribution and for the use of medical devices. The medication can be self-administered (with parent/guardian permission) or administered by our staff. Please list all medications (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications (in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

I give my permission as parent/guardian that my child can self-administer the medication or medical devices.

I want the medication or medical device administered by the camp staff. However, a limited amount of medication for life threatening conditions should be carried by my daughter. (i.e. bee sting kits, inhalers)

Medication _____

Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

SECTION IV - ALLERGIES

_____ Camper does not have any allergies

Please list all allergies:

Describe reaction and treatment

SECTION V - IMMUNIZATIONS

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)..... _____

HIB (Haemophilus Influenza B)..... _____

Tetanus Booster _____

Tuberculin Test _____

Polio..... _____

Varicella (Chicken Pox)..... _____

MMR (Measles, Mumps, Rubella)..... _____

Hepatitis B _____

SECTION VI - HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to camp staff and emergency medical personnel. The more information you provide, the better we can take care of your child.

Has the camper had a history of or is the camper prone to any of the following? (Please check all that apply):

Recent Injury, Illness or Infectious Disease
Asthma
Frequent Ear Infections
Dizziness During or After Exercise
Heart Defect/Disease
Bleeding/Clotting Disorders
Mononucleosis (in last 12 months)
Measles
Mumps
Hepatitis
Fractures
Head Injury
Diarrhea or Constipation
Wears Glasses or Contacts
Wears a Medic Alert ID

Chronic or Recurring Illness
Homesickness
Seizure Disorder or Convulsions
Chest Pain During or After Exercise
Hypertension
Diabetes
Chicken Pox
German Measles
Tuberculosis
Joint Problems (Knees, Ankles)
Frequent Headaches
Eating Disorder
Frequent Stomach Aches
Been Hospitalized

Please provide an explanation for any checked:

We will be teaching some marching basics at the camp for our drumline participants. Please tell us about any physical activities that need to be limited due to illness or injury:

SECTION VII - AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Parent or Guardian Signature:

X _____

Date _____



PHOTO RELEASE FORM

Please be advised that your child may be photographed or videotaped during this camp. We will be taking photos and video to document this exciting event and capture the beautiful moments of your child learning, having fun, and making new friends for possible use on our website, social media platforms, or in our future advertising.

Yes, I give permission for photos or video of my child to used or posted on the Girls March website, social media, or in future advertising.

No, I do not give permission for photos or video of my child to be used or posted on the Girls March website, social media, or in future advertising.

Parent or Guardian Signature

Date

Print First and Last Name



COVID-19 Safety Acknowledgement Liability Waiver and Release of Claims

COVID-19 SAFETY INFORMATION

While participating in the 2021 Girls March camp held by Coppell High School and Girls March, “social distancing” is required, and face coverings must be worn at all times to reduce the risks of exposure to COVID-19. While Girls March has put preventative measures in place to reduce the spread of COVID-19, there is still a chance that participants, volunteers, partners, or others in attendance might contract the disease.

In light of the ongoing spread of COVID-19, we are relying on you, your child, and your family’s honesty and integrity. If your child falls within any of the categories below, please do not attend our 2021 Girls March event and put others at risk. If you need to remove your child from the event due to COVID-19, we will reimburse you in full or your child can choose to attend the virtual track instead.

By attending a Girls March event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact Girls March at info@girlsmarch.org if they experience symptoms of COVID-19 within 14 days after attending the Girls March camp.

LIABILITY WAIVER AND RELEASE OF CLAIMS

I acknowledge that I or my child will derive personal satisfaction and a benefit by virtue of my/their participation and/or voluntarism with Girls March, and I willingly engage in the 2021 Girls March camp.

RELEASE AND WAIVER

I HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST GIRLS MARCH, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK

I acknowledge and understand the following:

1. Participation includes possible exposure to and transmission from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm, and loss associated with the camp, including any injury, harm, and loss caused by the negligence, fault, or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE

I acknowledge the health risks associated with the camp, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heat exhaustion, dehydration, or sudden death. I agree that if I or my child experiences any of these or any other symptoms during the camp, I/they will discontinue my/their participation immediately and seek appropriate medical attention.

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, you recognize that your participation, involvement and/or attendance at a Girls March event or camp is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the camp, you acknowledge and assume all risks and dangers associated with your participation and/or attendance at the camp, and you agree that: (a) Girls March, (b) Coppell High School, the site of the camp, and (c) all past, present, and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of you or your child's participation in, attendance at, and/or observation of the camp, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims").

BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

Parent or Guardian Signature

Date

Print Student First and Last Name