

**CARLYLE JUNIOR SAIL CAMP**  
**CAMPER PICK UP AND RELEASE INFORMATION**

(Please return entire form with other camp forms)

Camper Name \_\_\_\_\_

**AUTHORIZATION**

Please print below the name of only those persons, including parents, authorized to pick up your camper(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE**

To pick up the camper(s) your name must appear on the authorization to the left! Your signature (to sign at pick up):

Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**CARLYLE JUNIOR SAIL CAMP**  
**CONSENT & RELEASE FORM**

**PARENTAL CONSENT AND RELEASE**

\*In consideration of my child being allowed to participate in Carlyle Junior Sail Camp, I hereby agree that he/she will abide by all Carlyle Junior Sail Camp, Carlyle Sailing Association, and US Sailing rules that are conveyed in writing and/or verbally by camp staff members. I release Carlyle Junior Sail Camp and its assigns, from all liability by reason of injury or property damage, whether to the person named above or the boat they have brought to camp. I agree to pay for all damage to boats or other Carlyle Junior Sail Camp and Carlyle Sailing Association facilities and/or equipment caused by my child.

\*I authorized the use and reproduction of any and all photographs or video footage of my child for Carlyle Junior Sail Camp and/or Carlyle Sailing Association promotional purposes without compensation.

\*By signing this form, I agree that I have read this entire form and understand my responsibilities and conduct in Carlyle Junior Sail Camp Programs and activities.

Camper Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

**CARLYLE JUNIOR SAIL CAMP  
HEALTH & MEDICATION FORM**

**This should be filled in by parent/guardian of camper:** Date \_\_\_\_\_

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second parent/guardian or emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not available in an emergency notify:

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Information (please provide a copy of your insurance card)

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

If so indicate carrier or plan name \_\_\_\_\_ Group# \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give permission to the medical personnel selected by the Camp director, to order X-Rays routine tests and/or treatment from my camper, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for my camper as named above. I also give permission to the camp personnel selected by the Camp Director to administer over-the-counter medications and physician ordered medications as needed. I give permission to disclose all information to the staff and all personnel that will be involved in the care of my child. This health history is correct so far as I know, and the person herein has permission to engage in all prescribed camp activities except as noted.

Signature of parent or guardian of camper \_\_\_\_\_ Date \_\_\_\_\_

**CARYLE JUNIOR SAIL CAMP  
HEALTH HISTORY FORM (cont.)**

**THE FOLLOWING INFORMATION MUST BE FILLED IN BY THE PARENT OR GAURDIAN. THE INTENT OF THIS INFORMATION IS TO PROVIDE APPROPERATE CARE. KEEP A COPY OF THE COMPLETES FORM FOR YOUR RECORDS. ANY CHANGES TO THIS FORM SHOULD BE PROVIDED TO CAMP HEALTH PERSONNEL UPON THE CAMPERS ARRIVAL TO CAMP. PROVIDE COMPLETE INFORMATION SO THE CAMP IS AWARE OF YOUR CHILD'S NEEDS.**

**ALLERGIES (LIST ALL KNOWN)**

**DESCRIBE REACTION AND  
MANAGEMENT OF THE REACTION**

Food allergies (list)

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Medication allergies (list)

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Other Allergies (list)

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**MEDICATIONS BEING TAKEN**

\_\_\_ This camper takes **NO** medications on a routine basis.

\_\_\_ This camper takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

\*Attach additional pages for more medications.

\*Please give medications to the appointed staff member at check-in.

**SPECIAL NEEDS**

Does your child have any special needs? If yes, what advice can you provide us with handling your child's special needs?

Please be specific: \_\_\_\_\_

**PARENTAL TIPS**

What method of working with your child gets the best results from you at home?

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**CARLYLE JUNIOR SAIL CAMP  
TRANSPORTATION FORM**

**TRANSPORTATION**

I hereby give my permission to Carlyle Junior Sail Camp staff to transport my child(ren) in a vehicle to/from camp event sites and or to seek medical attention.

Signature of parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_