



**CAMPER'S EMOTIONAL/BEHAVIORAL HISTORY**

|                         | Often | Sometimes | Not at all |                   | Often | Sometimes | Not at all |
|-------------------------|-------|-----------|------------|-------------------|-------|-----------|------------|
| Aggressiveness          | q     | q         | q          | Night Terrors     | q     | q         | q          |
| Bedwetting              | q     | q         | q          | Nightmares        | q     | q         | q          |
| Biting                  | q     | q         | q          | Runs Away         | q     | q         | q          |
| Eating Disorders        | q     | q         | q          | Sexual Acting Out | q     | q         | q          |
| Hyperactive             | q     | q         | q          | Steals            | q     | q         | q          |
| Learning & Disabilities | q     | q         | q          | Tantrums          | q     | q         | q          |
| Lying                   | q     | q         | q          | Withdrawn         | q     | q         | q          |

Details from above: \_\_\_\_\_

**CAMPER DETAILS:**

This child's swimming ability is:       Good       Poor       Do not Know  
 Learning Disabilities:     Yes       No      Reading Level: \_\_\_\_\_  
 Has the child attended a Royal Family Kids Camp before?     Yes, where? \_\_\_\_\_     No  
 Camper T-Shirt Size:     Child Small     Child Medium     Child Large     Adult Medium     Adult Large

**HEALTH HISTORY**

*Indicate all known allergies, illness, disabilities, physical limitations or medical complications:*

Allergies \_\_\_\_\_

Illnesses/medical complications \_\_\_\_\_

Disabilities/Limitations \_\_\_\_\_

Leg or Arm Braces       Hearing Aids      Eating Disorder     Yes     No

*Indicate date of illness, severity, complications, and any residual impairments.*

|                            |                          |                                 |
|----------------------------|--------------------------|---------------------------------|
| Respiratory Problems _____ | Hypoglycemia _____       | Musculoskeletal Allergies _____ |
| Heart or Circulation _____ | Dizzy Spells _____       | Foot _____                      |
| Pulmonary Edema _____      | Back _____               | Seizure Disorders _____         |
| Hay Fever _____            | Anaphylactic Shock _____ | Poison Oak _____                |
| Balance Problems _____     | Diabetes _____           | Fainting _____                  |
| Insect Bites _____         | Drug Allergy _____       | Other _____                     |

Details from above: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

**IMMUNIZATION HISTORY:**



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

Phone numbers: \_\_\_\_\_

Person Authorized to pick-up child \_\_\_\_\_

**WAIVER AND RELEASE FROM LIABILITY  
(TO BE COMPLETED BY PARTICIPANT)**

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2012 between Royal Family Kids Camp ("RFKC") and \_\_\_\_\_ ("Participant").

1. Subject. Participant recognizes and expressly agrees that participating in physical activities, such as basketball, swimming and its related activities may expose the Participant to injury and other risks. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Park guarantee Participant's safety.
2. Waiver and Release from Liability. Participant understands that RFKC assumes no responsibility for injuries or illnesses that Participant may sustain a) as a result of Participant's physical condition, b) resulting from Participant's participation in this activity, c) as a result of another participant's or third person's actions, or d) as a result of Participant's use of RFKC's facilities, field and/or equipment in connection with this activity.

The Participant releases and agrees to hold harmless, defend and indemnify RFKC and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of RFKC) that the Participant may suffer as a result of the Child's participation in this activity.

3. Medical Consent. Participant grants permission to RFKC and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and RFKC are unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes RFKC to give first aid, CPR or other treatment by a qualified staff member to Participant.
4. Property Loss. Participant understands and agrees that RFKC is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.
5. Binding Effect. This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.
6. Entire Agreement. This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.
7. Acceptance. If any portions of this waiver and release are held to be invalid, Participant agrees that the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I have read and voluntarily signed this Waiver and Release from Liability.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**RELEASE: PAYMENT OF EXPENSES; MEDICAL CONSENT**

1. The undersigned parent(s) or legal guardian(s) grants permission for their foster son or daughter ("Child") to participate in all of Royal Family Kids Camps ("RFKC") activities, including use of the playground equipment and field trips off of the Camp and Church grounds.
2. The undersigned parent(s) or legal guardian(s) grants permission to the RFKC and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if Child becomes ill, sustains an injury, or otherwise requires medical treatment or attention and the RFKC are unable to contact the undersigned parent(s) or legal guardian(s). The undersigned parent(s) or legal guardian(s) gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Child's life or health.
3. The undersigned parent(s) or legal guardian(s) agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child.
4. The undersigned parent(s) or legal guardian(s) releases and agrees to hold harmless, defend and indemnify the RFKC and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the RFKC) that the Child or the Parent may suffer as a result of the Child's participation and/or enrollment at the Camps.

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.**