

MEDICAL HISTORY/CHECK-OUT PERMISSION FORM

CHILD 1 NAME	BIRTHDATE	AGE
CHILD 2 NAME	BIRTHDATE	AGE
CHILD 3 NAME	BIRTHDATE	AGE
CHILD 4 NAME	BIRTHDATE	AGE

ADDRESS

CITY	STATE	ZIP
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PARENT/GUARDIAN 1 NAME	CELL PHONE	WORK PHONE
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EMAIL	BEST CONTACT <input type="checkbox"/> CELL <input type="checkbox"/> WORK
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PARENT/GUARDIAN 2 NAME	CELL PHONE
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WILL THIS CAMPER REQUIRE MEDICATION WHILE AT CAMP? YES NO

IF "YES" PLEASE COMPLETE AUTHORIZATION TO ADMINISTER MEDICATION FORM BELOW

↓ YOU DO NOT NEED TO RECOMPLETE THIS SECTION IF YOU HAVE ALREADY SUBMITTED THIS INFORMATION ONLINE ↓

AUTHORIZED PICK UP PERSONS (Please list the names of persons, including yourself, authorized to pick up your camper(s). If you would like your camper(s) ages 11 and up to be able to self-checkout please add their name to this list.)

EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP
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PLEASE LIST ANY PERTINENT MEDICAL CONDITIONS OR ALLERGIES YOU WOULD LIKE US TO BE AWARE OF.

PLEASE LIST ANY LIMITATIONS YOUR CAMPER MAY HAVE IN PARTICIPATING IN THE ACTIVITIES OR SPECIAL INSTRUCTIONS TO ASSIST IN YOUR CAMPER'S ENJOYMENT OF CAMP.

CHILD'S IMMUNIZATIONS ARE CURRENT/UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO/EXEMPT	IN THE CASE OF A LOCAL OUTBREAK WE WILL WORK WITH THE CDC TO DETERMINE AN APPROPRIATE RESPONSE.
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A HEALTHY CAMP BEGINS AT HOME

PLEASE PERFORM THIS SELF ADMINISTERED HEALTH SCREENING PRIOR TO ATTENDING CAMP EACH DAY

HAS YOUR CAMPER(S) IN THE PAST 14 DAYS:

1. HAD A FEVER OF OVER 100 DEGREES? YES NO
2. COME IN CONTACT WITH SOMEONE WITH, OR SUSPECTED OF HAVING COVID-19? YES NO
3. HAD ANY SYMPTOMS BELOW: YES NO
 Cough • Shortness of Breath or Difficulty Breathing • Fever • Chills • Muscle Pain • Sore Throat • New Loss of Taste or Smell • Nausea • Vomiting • Diarrhea

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS KEEP YOUR CHILD AT HOME. CALL OUR OFFICE TO DISCUSS RESCHEDULING CAMP OR TO REQUEST A REFUND. IF YOU HAVE QUESTIONS ABOUT YOUR CHILD'S HEALTH OR SYMPTOMS, CALL YOUR CHILD'S HEALTHCARE PROVIDER.

1. I, the undersigned parent/person having legal custody/guardianship of the said minor listed below (the "Participant"), understands and acknowledges that the activities of wakeboarding, waterskiing, surfing, sailing, windsurfing, kayaking, stand up paddling, marine science, related water sports, beach activities, and transportation during camp (the "Activity") involve risks such as but not limited to risk of physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss which might result from the activity itself, the acts of others or the unavailability of emergency care.
2. In consideration for the Participant being allowed to participate in the Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the City of San Diego, the YMCA of San Diego County, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and their employees, officers, directors, volunteers and agents (collectively "Released Parties") from any and all claims, including claims of the Released Parties negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss the Participant may suffer because of participation in the Activity.
3. The undersigned acknowledges that the Participant has the skills, qualifications, and physical ability to properly participate in the activity and that the Participant is "water safe" (able to swim 50 meters and comfortably tread water). The undersigned agrees that if he or she has any questions as to what skills, qualifications and physical ability is necessary to properly participate in the activity, then they shall direct such questions to Camp management.
4. I agree to hold the Released Parties harmless from any and all claims, including attorney's fees or damage to personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If the Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that the Participant should carry their own health insurance.
5. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
6. The undersigned agrees to pay for any and all damages to any property of the Released Parties caused by the Participant whether negligently, willfully or otherwise.
7. EMERGENCY TREATMENT CONSENT: The undersigned hereby gives consent to medical treatment of the Participant in the event of an emergency.
8. IMAGE RELEASE: I give my consent for my child to be included in photographs, videos, slides, and movies taken at the Center by students, staff, TV, Radio and/or other news media. I understand that pictures become property of Associated Students of SDSU, and might appear in promotional materials, publications, and social media.
9. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from

person-to-person contact, including individuals without disease symptoms. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

MBAC has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in our environment; however, MBAC cannot guarantee that you, your Child, your other children, if applicable, or additional family members will not become infected with COVID-19. Further, participating at MBAC could increase your risk and the risk of additional family members around you in contracting COVID-19. MBAC participation conditions are subject to change.

I acknowledge the contagious nature of COVID-19 and voluntarily agree to the terms described above and assume the risk that my Child, my children, my family members, and I (hereafter my "Family") may be exposed to or infected by COVID-19 by our participation and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at MBAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Released Parties and their employees, officers, directors, volunteers and agents, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my Child, and my Family (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my Child or my Family may experience or incur in connection with my Child's participation in MBAC programming ("Claims").

On my behalf, and on behalf of my Child and my Family, I hereby release, covenant not to sue, discharge, and hold harmless the Released Parties, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Released Parties, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation.

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR: I am the parent and/or legal guardian of the above-named Participant. I give my consent to the participation in the activity by the Participant. I have read and understand this agreement and realize the agreement involves releasing valuable legal rights of the Participant and myself. Nonetheless I agree to be bound by all of the terms of the agreement.

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN

PARENT AND/OR LEGAL GUARDIAN NAME

DATE

AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY
If Applicable

For the safety of our campers, we have a strict policy for the handling of medication at camp. If your child will be taking medication while at camp, please be sure to follow the specific procedures listed below. Please note: Students will not be admitted to camp if these procedures are not followed.

- We ask that students attending camp please take ALL medication and/or vitamins before camp, unless they MUST be taken during camp hours.
- ALL medication MUST be brought to camp in their ORIGINAL CONTAINERS and given to camp staff on the first day of camp. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self administering medication in accordance with the instructions below. In the case of emergency, or the camper cannot administer the medication themselves, a camp staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- Camp staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your camper and the medication they need to take during camp.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the week. Any medication and/or vitamins left at camp will be disposed of.

MEDICATION 1	
DOSAGE	TIME OF DAY
NOTES	

MEDICATION 2	
DOSAGE	TIME OF DAY
NOTES	

I HEREBY AUTHORIZE the designated representatives of The Watersports Camp to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of The Watersports Camp to provide the medicine to the camper to self-administer in accordance with instructions listed on this form. Should the camper be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release State of California, the YMCA, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by The Watersports Camp, its agents or representatives or employees.

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN

DATE

PARENT AND/OR LEGAL GUARDIAN NAME