

ACKNOWLEDGMENT, WAIVER AND RELEASE AGREEMENT, AND INDEMNIFICATION AGREEMENT

The undersigned, parent/guardian of a minor child who intends to attend the **Joe Tartamella Basketball Girls Camp** at Taffner Field House located at St. John's University, Queens, New York (the "University"), hereby acknowledges that the **Joe Tartamella Girls Basketball Camp** is not sponsored by the University, and is being provided solely by Joe Tartamella on the University's premises. I hereby acknowledge and accept that there are certain risks arising from or in connection with the **Joe Tartamella Girls Basketball Camp**, including but not limited to bodily injury. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my daughter as a result of my taking the **Joe Tartamella Girls Basketball Camp**, whether caused by the negligence of the University or otherwise.

I hereby represent and warrant that my child is in good health and that she has no health condition, illness or communicable disease that may make her use of Taffner Field House injurious to her or any other user of the basketball facility previously mentioned. If my child should develop any such condition, illness disease during the term of the **Joe Tartamella Girls Basketball Camp**, I promise to have my child cease attendance at the **Joe Tartamella Girls Basketball Camp** until we have received an appropriate medical release from her doctor authorizing her to continue.

I hereby release and forever discharge the University and its trustees, officers, servants, agents and employees from any and all liability far any damages, losses or injuries which may be sustained or suffered by my child arising out of, during or in connection with the **Joe Tartamella Girls Basketball Camp**.

I hereby hold harmless the University and its trustees, officers, servants, agents and employees from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, judgments, costs, or expenses, including attorney's fees, which may result from, arise out of, or relate to the **Joe Tartamella Girls Basketball Camp**.

I further represent and warrant that my child's participation in the **Joe Tartamella Girls Basketball Camp** is covered by a policy of comprehensive health and accident insurance that provides coverage for injuries that my daughter may sustain as part of her participation in the **Joe Tartamella Girls Basketball Camp**.

Date

Signature of Participant

I, _____

- (A) am the parent or legal guardian of the above participant,
- (B) have read the forgoing Acknowledgment, Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility)
- (C) am and will be legally responsible for the obligations and acts of the participant as described in this Acknowledgment, Waiver and Release Agreement, and
- (D) agree, for myself and for the participant, to be bound by its terms.

Signature of Parent/Guardian

Date

PARENTAL CONSENT:

Camper's Name _____

I _____, am the (circle one) Parent Guardian of the above mentioned child and give my permission to attend and participate in all activities at the **Joe Tartamella Girls Basketball Camp** at St. John's University.

Signature

Date

PARENT OR GUARDIAN MUST SIGN:

As parent or legal guardian of below participant, I authorize the **Joe Tartamella Girls Basketball Camp** to request medical treatment as necessary to insure the well being of the participant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release forever discharge the **Joe Tartamella Girls Basketball Camp**, their staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights claim for damages to person or property which may be sustained or occur during participation in activities, to or from program whether paid damages, injury or loss are due to negligence or not.

Camper's Name (Print) _____

Parent/Guardian Signature _____

Date _____

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ / / M F
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Allergies

- | | |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Seizures _____ | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Other Drugs _____ |
| | <input type="checkbox"/> Food _____ |

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb. Test (Date) _____ Urinalysis (Date) _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medicine (dose, route of administration, when should it be administered) _____

Is parent/guardian sending special medicine? _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

M.D.

EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____

ZIP CODE

**Joe Tartamella Girls Basketball Camp
St. John's University Basketball
8000 Utopia Parkway
Queens, NY 11439
(718) 990-6002**

Dear Camper:

This year we are offering a "Camp Bank" to hopefully make life easier for the parents/guardians of our campers. Here's how it works. We will have a concession stand open during camp hours for the entire week. The stand will sell Gatorade, Skittles, Airheads, and various snacks for purchase by campers. Instead of sending your child to camp each day with money, you can make a 'deposit' in our camp bank in advance or during the week of camp, and your daughter/son can draw on that deposit each day. We will keep a record of her 'account' and if money is left at the end of the week, you may pick it up on the last day of camp. In order to simplify registration, we ask that you send your camp bank money 2 weeks prior to camp. Please make checks payable to Joe Tartamella (please note that you may write one check for everything) and include the form below. The average amount deposited by campers is approximately \$20/week. We have found that having money in the camp bank has been convenient because campers do not have to worry about misplacing or losing their money. Money can always be added during the week if necessary.

We hope taking care of this before camp begins will make registration a lot easier for you!! If you have any questions feel free to call Liz Sullivan at (718) 990-6002.

**Mail checks and form to: Joe Tartamella
WBB Taffner
8000 Utopia Parkway
Queens, NY 11439**

(Please Return Bottom Portion with Check)

Camp Bank

Camper's Name: _____

Please Circle What Session(s) Attending:

Session I (July 23 – July 27) Session II (July 30 -Aug 3)

Amount Enclosed: _____



Camp Picture with Coach Tartamella!!!

Dear Parent/Guardian:

During all sessions of camp, we offer the opportunity to get your picture taken with Coach Tartamella. We have four different picture packages. Package #1 is a group picture of all campers with Coach Tartamella. Package #2 is a 5" x 7" and 8" x 10" picture of your daughter/son and Coach Tartamella. Package #3 is a 12" x 16" poster. The poster will be a collage of different photos of your daughter including action shots. And lastly, the fourth package is a combination of #2 and #3. If you have any questions, please call Liz Sullivan at (718) 990- 6002.

Package	Package Includes	Price
1	Group Picture of All Campers with Coach Tartamella	\$15
2	5" x 7", 8" x 10" Picture of Your Daughter with Coach Tartamella	\$35
3	12" x 16" Poster	\$50
4	5" x 7", 8" x 10", 12" x 16" Poster	\$75

Please fill out form below, make checks payable to Joe Tartamella (Please note that you may write one check for everything) and mail to:

**Joe Tartamella
WBB Taffner
8000 Utopia Parkway
Queens, NY 11439**

Return Bottom Portion with Check

Camper's Name: _____

Circle What Session You Would Like the Picture to be Taken:

Session I (July 23-July 27)

Session II (July 30-August 3)

Preferred Package (s): 1 2 3 4

Amount Included: _____