

Prairie Winds Community Center

428 Main Street * PO Box 640

Bridgeport, NE 69336

(308) 262-1825

KinderKamp 2009

Health Information

Child's Name: _____ Age: _____
Address: _____ Birthday: _____

Please use a # that you can be reached at during the time of KinderKamp

Parent's Name: _____

Home: _____ Work: _____ Cell: _____

Parent's Name: _____

Home: _____ Work: _____ Cell: _____

Please put a check on each line below if your child has had or is susceptible to any of the following:

Whopping Cough Epilepsy Polio Asthma
 Rheumatic Fever Diabetes Rubella Other: _____
 Rubcola Measles German Fever
 Chicken Pox Mumps

Please list any allergies or physical restrictions: _____

The person described has my permission to participate and engage in ALL activities (which may include field trips, transportation and other activities which may involve certain risks) except as otherwise noted:

The aforementioned health history is correct and I agree to follow the rules, guidelines, procedures and policies of the Prairie Winds Community Center. Participation in sports events and physical activities involves certain risks: strain, exhaustion, joint injury, etc... The Prairie Winds Community Center will not be liable for lost or stole items while member and/or program participants are using the community center facilities. I give my permission for the Prairie Winds Community Center, without obligation to me, to use any photographs, film footage, tape recordings which may include my voice/image for purposes of promoting the Prairie Winds Community Center programs. I, the undersigned for myself, my heirs, do hereby release the Community Center and its employees, agents for any or all injury, death, loss or damage I/my child may suffer as a result of my participation.

Parent/ Guardian Signature

Date

Emergency Contact Name: _____

Emergency Contact Phone Number: _____