



Health & Medical Information

Camper's Name: _____ Birthdate: ___/___/___ Weight: _____ Height: _____
Home Address & City: _____ Home Phone: _____
Mother's Name: _____ Day Phone: _____ Cell: _____
Father's Name: _____ Day Phone: _____ Cell: _____

If parent not available in an emergency, contact:

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Child's Physician: _____ Address: _____
Physician's Phone: _____ Hospital Preference _____
Medical Insurance Company: _____ Insurance/Policy Number: _____

HEALTH HISTORY

Convulsions/Seizures: _____ Diabetes: _____ Epilepsy: _____ Nosebleeds: _____ Attention Deficit Disorder: _____
Medications: _____
Other Health Information: _____

ALLERGIES

Asthma: _____ Penicillin: _____ Food Allergies or Special Diet: _____ Bee Stings: _____
Other Allergies (Please Specify): _____

*Does your child have any special needs or conditions that the instructors and staff should be aware of? _____
(If yes, please give details): _____

Does your child carry an Epipen Yes: No: If yes please inform SRD Staff and provide procedures by 1st day of camp.

SPECIAL PICK UP INFORMATION

- My child has my permission to leave Strawberry Camp with the following people: _____ and _____.
- My child is allowed to leave class on his/her own at the end of each Camp Day.

Additional Comments: _____

AGREEMENT, WAIVER, AND RELEASE: In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

Parent Name: _____

Parent Signature: _____ Date _____

Aquatic/Sport 2011 Summer Questionnaire

Hello to new and returning campers! The 2011 staff of Camp Strawberry has been preparing for a summer of fun, games, and of course memories! While the kids have been in school we have been busy planning a summer filled with new activities, sports, and adventures. This summer Camp Strawberry will be going GREEN! We are strongly urging all campers to bring environmentally friendly lunches—reusable water bottles, plastic food containers, and utensils. Additionally, this year we will create a compost to use for all the uneaten food. We aim to make as little waste as possible and this is just one way for the campers to contribute. To ensure the safety for all campers, we are making Camp Strawberry a **NUT FREE ZONE**. Please refrain from packing any products containing nuts. For more information regarding the daily schedule or other questions please refer to the SRD Activity Guide starting on page 8. We strongly welcome any questions or concerns. Feel free to stop by our office or give us a ring. Let the fun begin!!!!

Please fill out this questionnaire and return it to the SRD Main Office before May 26, 2011 for placement in the swim lessons and sport lessons.

Swim Lesson Evaluation:

Child's name:	Age:			
Have they taken swim lessons?	Y / N	At Strawberry?	Y / N	If not, where?
Comfort level in the water?	Non- swimmer	Beginning	Intermediate	Competitive
Has your child been involved in a traumatic situation around the water?				

Can your child perform any of these skills?

Placement of face in water	Y / N	Floating on back	Y / N	Underwater swimming	Y / N
Completely submerge in water	Y / N	Floating on stomach	Y / N	Freestyle / Crawl	Y / N
Breast Stroke	Y / N	Backstroke	Y / N	Currently on a swim team	Y / N

Please rank your child's experience and knowledge of the below sports:

Tennis:	No experience	Beginning	Intermediate	Competitive
Soccer:	No experience	Beginning	Intermediate	Competitive

Strawberry Recreation District

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