

Winter Address:
 Trion Center
 2020 West McNab Road Suite 117
 Fort Lauderdale, Florida 33309



Summer Address
 822 Peru Road
 Hinsdale, Massachusetts, 01235

O-LA-MOON-DO CAMP - HEALTH & RELEASE FORMS

(You will not be admitted to camp without these forms, completed and signed on all pages.)

CAMPER FULL NAME _____

Gender _____ Date of Birth ____ / ____ / ____ Age _____ Weight _____ Height _____

Parent/Guardian Name _____ Relationship to Camper _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-Mail _____

Preferred Parent/Guardian Phone Number during camp hours (if different from above) (____) _____

Emergency Contact Name _____ Emergency Contact Phone number (____) _____

HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: _____

If the camper will be taking medication during camp, please indicate name of drug(s) and dosage: _____

Please identify any medical condition or medical history that would require special attention: _____

If the camper needs sunscreen, do you permit camp staff to provide it and, if needed, help apply it? (circle one) YES / NO

I hereby certify that the named camper is in good health and fully able to participate in all activities of the O-La-Moon-Do Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parent/Guardian Signature: _____ Date: _____

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure COVID-19

IMMUNIZATIONS

Please input dates for the immunizations listed below. If you are unsure of the exact date, but know the camper has received the immunization, please input "Y" in the "DATE" field. If the camper has not received the immunization, or you are unsure, please leave the field empty. **A physical exam performed within the last 18 months is required to be attached to this form - OR - the included form must be completed and signed by an appropriate medical authority. Immunization records are required to be submitted in the form of an "Immunization Certificate."**

IMMUNIZATIONS		ALLERGIES		DRUG REACTION		COVID-19 VACCINE	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO	TYPE	DATE
Tetanus Toxoid		Hay Fever		Sulpha		Moderna (dose 1)	
Polio Vaccine		Asthma		Penicillin		Moderna (dose 2)	
Measles		Eczema		Antibiotics (Type)		Moderna Booster	
Rubella		Insect Stings		Aspirin		Pfizer (dose 1)	
Mumps		Nuts		Other		Pfizer (does 2)	
Other		Other		Other		Pfizer Booster	
Other		Other		Other		J&J (single dose)	
Other		Other		Other		J&J Booster	
Other		Other		Other		Other	

Physician's Name: _____ Phone Number (____) _____

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HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the sole insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)

[] Please initial this box if you DO NOT want your child to receive over the counter medications.

I HAVE READ THE INFORMATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF US HOLA MUNDO, LLC. d/b/a O-LA-MOON-DO CAMP, AND HERBY AGREE TO ACT IN ACCORDANCE

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child _____ (“my child”) being allowed to participate in this camp, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risks of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAMP, THE ENTITY OPERATING, HOLA MUNDO, LLC. d/b/a O-LA-MOON-DO CAMP, AND THEIR OFFICERS, DIRECTORS, OFFICIALS, AFFILIATES, OWNERS AND/OR EMPLOYEES, AND, OWNERS AND LESSORS OF PREMISES USED FOR ACTIVITY (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____ Date: _____

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BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify HOLA MUNDO, LLC. d/b/a O-LA-MOON-DO CAMP, their officers, directors, owners, officials, employees, and all subsidiaries from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Parent/Guardian Signature: _____ Date: _____