

CNY Gym Centre's  
**SUMMER FUN CAMPS** 2011 

Camper Medical Form		
Camper's Name	Date of Birth	Gender
Parent's Name(s)	Daytime Phone	Cell phone
Address	City/town	Zip
Contact if primary contact is unavailable (name)	Phone Number	Relationship
Physician's Name	Phone Number	
Hospital Preference	Phone Number	

Please answer the following to the best of your knowledge:	
<b>Please list all known allergies</b>	
<b>Please list the date and nature of any operations or serious injuries</b>	
<b>Please describe any disability or chronic or reoccurring illness</b>	
<b>Please list any activities encourages or limited by a physician</b>	
<b>Please describe any dietary modifications or considerations</b>	

Emergency Contact Information		
Emergency Contact #1	Phone	Relationship
Emergency Contact #2	Phone	Relationship
Emergency Contact #3	Phone	Relationship

I do hereby give authority to the CNY Gym Centre Camp staff to obtain necessary emergency medical treatment for the child herein described in the event that I can not be contacted.

X \_\_\_\_\_  
 Parent/ Guardian Signature Date