



## **WELCOME TO HIGH VELOCITY SPORTS ALL-SPORTS CAMPS!**

Dear Parents/Guardians:

Thank you for choosing High Velocity Sports for your child's summer camp experience! We are excited to announce that HVS All-Sports Camps are State of Michigan Licensed.

We need your help to keep the camp experience safe and organized for everyone who attends. By completing the attached forms and reading through the new and updated policies, we hope to provide the best care for your child.

### **Things to Know:**



### **ALL-SPORTS CAMP MISSION STATEMENT**

The purpose of High Velocity Sports All-Sports Camp is to provide a fun and safe place for kids, 5-14 years old, to stay active during summer break playing sports, making friends, and having a blast!

All sports equipment will be sanitized daily. Deep cleanings will take place every day to ensure all common touchpoints are sanitized. Staff and campers will practice social distancing as much as possible and games have been modified for these adjustments. Handwashing and sanitizing will take place before and after each sports station, snack, and lunch time. HVS schedules additional staff as "on-call" in the event that extra staff is needed or replaced due to illness. If an employee or camper shows signs of illness he or she will leave immediately or wait in the Isolation Room for a parent.

At the end of the camp season, parents will receive a short survey in which they can provide feedback, give compliments, and/or suggestions. This is your opportunity to let us know how we are doing.

The measure of our success is how much fun your child has!



#### **ALL-SPORT CAMPER TO COACH RATIO AND AGE REQUIREMENTS**

All High Velocity Sports All-Sport Camp Coaches must be at least 16 years of age at the start of camp.

The following camper to coach ratios will be used as supervisory standards. We will make every effort to always have at least 2 staff members per group present consisting of at least one adult (age 18 or older). In the event that an unusual number of enrollments take place on the morning of a camp, an additional coach may be called in to help. In the meantime, we will do our best to stay within the ratios below.

| Camper Age-Group               | Number of Day Campers | Number of HVS Staff |
|--------------------------------|-----------------------|---------------------|
| Mini Campers<br>(ages 5-8)     | 10                    | 1                   |
| Junior Campers<br>(ages 9-11)  | 10                    | 1                   |
| Senior Campers<br>(ages 11-14) | 10                    | 1                   |

**AS OF 2/17/22 THERE ARE  
NO MASK MANDATES OR RESTRICTIONS  
FOR THE STATE OF MICHIGAN  
FOR INDOOR SPORTS.**



## NEW SUMMER CAMP ARRIVAL AND DEPARTURE PROCEDURES

**Please note that we have switched our drop-off process to CURBSIDE DROP-OFF ONLY! This means we cannot accept walk-ups or parents in the building in the mornings. Simply pull up to the front doors, an HVS employee will take your child's temperature and confirm some wellness questions with you, and we will help your child into the building.**

1. **ALL CAMPERS MUST BE PRE-REGISTERED AND PREPAID!**
2. If you have questions or need to speak to an HVS employee, you may do so at the designated check-in tent outside HVS or call (734) 487-7678.
3. Medications should be in a plastic sealed bag with the child's name on the medication, when the medication should be administered, and what the medication is for. This can be given to an HVS staff member at drop-off.
4. When picking up your child—park in a designated parking spot and come in to check out your child. If there is a time crunch, call ahead and we will have your child ready to go, but our policy still states that a parent or guardian must park and come in to check him or her out. We will have four windows with sneeze guards to help keep parents distanced at pick-up. No parents will be allowed past the front lobby. Adults are required to wear a mask upon entering HVS. An HVS employee will send your child up to the front with his or her belongings.
5. If there is an unexpected change in who will pick up your child, phone ahead. You, and the non-parent or guardian may be asked a few security questions to ensure the safety of the child.

Office Number to call:  
(734) 487-7678



# We are ready for you!

We have made some great changes to our Summer Camp Program to help keep everyone safe. Check out the following improvements.

- 1) EVERYONE must be Pre-registered, Pre-paid, and all Parent Packet Paperwork must be turned in online prior to camp. No walk-ups for your safety!!!

- 2) We will only allow Curbside Drop Off where an HV employee will help get kids out of the car and walk them in.



- 4) Games have been adjusted to include less contact.



- 3) Each camper will drop off personal items in a sanitized milk crate that only he/she will use all day. We recommend packing all belongings in a backpack. All electronics and cash will be checked into the office.



- 5) Everything is being sanitized! Fields, Courts, Bathrooms, Equipment, Handrails, Knobs, etc. Frequent handwashing & hand sanitizing will be strictly enforced. We are going touchless wherever possible.



6) Groups will be limited to 10 kids per coach and smaller groups. There will be no drop-in sports during camps, so there will be lots of space to spread out!



8) For pick-up, we'll have 4 windows to help move the check-out line quickly.



7) All snacks and lunch breaks will take place in the concession area where tables will be moved to provide better social distancing.



CAN'T WAIT TO SEE ALL OF YOU!





### PERSONAL PROPERTY POLICY

Please note that High Velocity Sports strictly prohibits the possession and use of any alcohol and non-prescription drugs on its premises.

All sports equipment is provided and thus please leave personal sporting goods at home.

Cell phones and other electronic devices are permitted, however they must be in proper cases and left at the front office during regular camp hours (9:00 am—12:00 pm and 1:00-4:00 pm). Electronic devices may be used during before care (7:15 am—9:00 am) and after care (4:00 pm—6:00 pm) and during lunch (12:30 pm-1:00 pm). **HIGH VELOCITY SPORTS IS NOT RESPONSIBLE FOR ANY LOST, STOLEN, OR DAMAGED ITEMS.** All electronics must be secured in a protective case & labeled with your child's name.

If your child has cash, it must be checked in at the front desk. Campers will have access to funds, however video games can only be played during before and after care and from 12:30 pm-1:00 pm during lunch and before and after care. If a child would like to use cash for a snack or drink from a vending machine, he or she will have access at any time.

Animals, except seeing-eye dogs, are not permitted inside High Velocity Sports. Please keep all pets at home or in the car.

Weapons of any nature are strictly prohibited at High Velocity Sports.

If any child or adult is assumed in possession of any illegal or dangerous item, the police will be called immediately.

High Velocity Sports is not responsible for any lost items that were not checked in. Please label your child's items to avoid any mix-ups.



### **CAMPERS RELEASE POLICY**

Each camper will have a form filled out that includes who the child may be released to. Emergencies come up and parents must send a friend, neighbor, or other relative to pick up their child. In that case, the parent will have to call HVS and confirm their address and phone number from MYSAM and then give the name of the person who is to pick up their child.

The non-parent will have to show ID and we will make a copy of that driver's license to attach to the child's form. This will be an extra measure of security that would allow us to give police as evidence should there be some kind of fraud between parents.

### **ABSENT CAMPERS**

If a child is on the roster and is more than 60 minutes late, then a phone call will be made to the parent. If a parent calls in, a note will be added in MYSAM indicating why the child was not at camp—sick, out of town, etc.

### **CHANGE OF CLOTHES POLICY**

Please send a change of clothes and undergarments with your child each day. In the event of an accident, a tear or rip, or that your child's clothing becomes wet or somehow extremely soiled, the child will be instructed to change into alternate clothing. If a change of clothes is not provided and your child is in need, a pack with underwear, shorts, and a t-shirt will be provided for \$15 fee.



## PARENT NOTIFICATIONS

Parents will be called if:

- 1) a child is injured more than a simple scratch, bump, or bruise. If a child shows any signs of a possible strain, sprain, or broken bone, a concussion, an allergic reaction or a burn. In the event of a severe injury such as a confirmed broken bone, the child is unconscious, or staff must perform CPR, 911 will be called first, then the parent/guardian. All High Velocity Sports All-Sports Coaches and Managers are CPR/First Aid/AED certified and familiar with how to use epi pens, however all medications (both over the counter and prescription) are required to be checked in at drop off in a sealed Ziploc bag before camp with a label including the child's name, what the medication is for, how much and how often is required to administer, what possible reactions the child may have with or without the medication, and instructions on how to use items like an epi pen.
- 2) a child appears ill or shows signs of fever, chills, or vomits. **CHILDREN MUST BE FEVER FREE WITHOUT THE USE OF ANY MEDICATION (FEVER REDUCERS) FOR 72 HOURS PRIOR TO RETURNING TO CAMP. ANYONE WITH A FEVER OR POSSIBLE COVID-19 SYMPTOMS WILL ISOLATED IN A DESIGNATED ISOLATION ROOM UNTIL HE OR SHE IS PICKED UP.**
- 3) a child hits anyone, uses hostile language or threatens anyone, or is continuously disruptive and disrespectful to staff and other campers.

**IF YOUR CHILD OR ANYONE IN YOUR HOUSEHOLD IS SHOWING SYMPTOMS OF ILLNESS INCLUDING FEVER, VOMITING, OR DIARRHEA OR HAS COME IN CONTACT WITH SOMEONE THAT HAS OR MAY HAVE ACQUIRED THE COVID-19 VIRUS, YOU MAY NOT BRING YOUR CHILD TO CAMP THAT DAY. CHILDREN MUST BE SYMPTOM FREE FOR 72 HOURS WITHOUT MEDICATION AND WITH PERMISSION FROM A PHYSICIAN AFTER 10 DAYS OF ISOLATION TO ATTEND CAMP AFTER CONTRACTING THE VIRUS UNLESS VACCINATED AND ASYMPTOMATIC IN WHICH CASE THEY MAY RETURN WITH A MASK AFTER 5 DAYS.**



### **Snack Break and Lunch at High Velocity Sports**

At All-Sports Summer Camp, a snack break is taken at 10:30 am and at 2:30 pm. At this time, campers may use the restroom, drink water or Gatorade/Powerade, and eat a light, healthy snack.

Please make sure your child brings a refillable water bottle or sports drink so he/she can stay hydrated. Snacks are important to keep up energy. Please do not send sugary or heavy snacks.

If you do not have time to pack a snack or drink, your child may purchase items from our vending machines. Snacks are typically \$1.50 each and 20oz. drinks are \$2. High Velocity can provide a snack for your child for \$1 fee that can be paid at the end of the day.



**Lunches MUST be  
ordered or called  
in by 10:30 am!**

## **\$5 HOT LUNCH SCHEUDLE**



**Mondays: Cheese or Pepperoni Pizza**



**Tuesdays: Pizza or Hamburger**



**Wednesdays: Pizza or Hot Dog**



**Thursdays: Pizza or Grilled Cheese**



**Fridays: Pizza or Chicken Tenders**

**All lunches come with a side of:  
Fruit, Carrots, Chips, or Cookies &  
a Fountain Drink, Juice Box, White or Chocolate Milk**

**Concessions will be open from 12:30-1pm for  
Slushies (\$1) and Sno Cone (\$1) purchases.**





### CAMPER RELEASE FORM

In the event that a parent or guardian is not available to pick up your child, please list below to whom your child may be released to. If there is an emergency in which none of the people on the list below are able to pick up your child, you must call High Velocity Sports at (734) 487-7678 and give us the name of the person picking up your child. At that time a few security questions will be asked to verify that you are indeed the parent and the person picking up your child will have to show identification verifying who they are. A copy of the ID will be kept on file at HVS. Please complete the form below

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: BOTH PARENTS IN SAME HOUSEHOLD or WITH MOM WITH DAD

Child may be released to (please include yourself):

|               |                                |                |
|---------------|--------------------------------|----------------|
| _____<br>Name | _____<br>Relationship to Child | _____<br>Phone |
| _____<br>Name | _____<br>Relationship to Child | _____<br>Phone |
| _____<br>Name | _____<br>Relationship to Child | _____<br>Phone |

Is there anyone that you child should absolutely NOT be released to? If yes, please list the person(s) name below and explain the situation and what our staff is to do if that person tries to pick up your child from camp. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

## HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

|                                 |  |       |      |        |                  |                       |  |
|---------------------------------|--|-------|------|--------|------------------|-----------------------|--|
| Camper's Name (Last)            |  | First |      | Middle | Sex              | Date of Birth         |  |
| Address (Number and Street)     |  |       | City |        | Zip              | Telephone (Home)      |  |
| Authorized Person's Name (Last) |  | First |      | Middle | Telephone (Work) |                       |  |
| Address (Number and Street)     |  |       | City |        | Zip              | Telephone (Emergency) |  |

|                                                                  |                          |                          |                                                  |                          |                          |
|------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------|--------------------------|--------------------------|
| Is the camper having any of the problems listed below?           | Yes                      | No                       |                                                  | Yes                      | No                       |
| 1. Hay fever, asthma, or wheezing                                | <input type="checkbox"/> | <input type="checkbox"/> | 7. Trouble with passing urine or bowel movements | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Eczema or frequent skin rashes                                | <input type="checkbox"/> | <input type="checkbox"/> | 8. Shortness of breath                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convulsions/seizures                                          | <input type="checkbox"/> | <input type="checkbox"/> | 9. Speech problems                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart Trouble                                                 | <input type="checkbox"/> | <input type="checkbox"/> | 10. Menstrual Problems                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Diabetes                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 11. Dental problems                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Frequent colds, sore, throats, ear aches (4 or more per Year) | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other                                        | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any problem areas identified above including any current infectious diseases:

|                                                                                                                                    |                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| If female has she been told about menstruation (answer if appropriate)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Has she menstruated (answer if appropriate)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

| Medication Needed or Used (Including Psychiatric) |           |        | Currently Being Given        |                             |
|---------------------------------------------------|-----------|--------|------------------------------|-----------------------------|
| Kind                                              | Frequency | Dosage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                   |           |        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                   |           |        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

| IMMUNIZATION |                                     | Polio | Mumps | Diphtheria | Tetanus | Pertussis (Whooping cough) | Measles | Rubella | Hepatitis B | Other |
|--------------|-------------------------------------|-------|-------|------------|---------|----------------------------|---------|---------|-------------|-------|
|              | Date Initial Immunization Completed |       |       |            |         |                            |         |         |             |       |
|              | Date of Most Recent Booster         |       |       |            |         |                            |         |         |             |       |

Should the camper's activity be restricted because of any physical limitation or illness?    ☐ No    ☐ Yes    If yes, explain degree of restriction:

|                                                                      |                               |      |
|----------------------------------------------------------------------|-------------------------------|------|
| I certify that this information is true to the best of my knowledge. | Authorized Person's Signature | Date |
|----------------------------------------------------------------------|-------------------------------|------|

|                                             |
|---------------------------------------------|
| Name of Child (Print Last Name, First Name) |
|---------------------------------------------|

I hereby give permission to the children's camp named below, which is licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

|                            |                   |
|----------------------------|-------------------|
| Parent Signature           | Date of Signature |
| Parent Signature           | Date of Signature |
| Camp Name (Print or Stamp) |                   |

|                                                |
|------------------------------------------------|
| LARA is an equal opportunity employer/program. |
|------------------------------------------------|

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### **MEDICAL EMERGENCY CARE AUTHORIZATION**

Michigan Department of Licensing and Regulatory Affairs

**Notice:** By signing the reverse side of this card you are granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp if there is insufficient time to contact you.

You are giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 124a(2) states: "A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.

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**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AGREEMENT ("Agreement")**

In consideration of being permitted to be present at, attend, observe, and participate in activities at the facilities of, or provided by, High Velocity Sports Group Recreation, LLC (the "Activities") I, for myself for and for my child(ren) (collectively referred to herein as "me" "I" or "my"), personal representatives, assigns and heirs:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation, and leave if appropriate.
2. Authorize High Velocity Sports Group Recreation, LLC, its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "Releasees") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. **UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT AND OTHER RISKS AND DANGERS**, including but not limited to falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants and bystanders; collisions with other participants; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; which risks may result in **SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH** (collectively, "Risks"). I understand that the Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual **NEGLIGENCE** of the Releasees. I understand that the description and list of Risks in this Agreement is not complete, and that I will encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, **I VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of, or in connection with, the Activities.
5. **RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES.** I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will **DEFEND, INDEMNIFY, AND HOLD HARMLESS** each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim.
6. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.**

Printed Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State)(Zip)

\_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Signature (only if age 18 or over):

\_\_\_\_\_

Date: \_\_\_\_\_

#### MINOR RELEASE

By signing on behalf of a minor child participant, I represent that I am that minor child's parent or legal guardian, that I am authorized to sign this Agreement on the minor child's behalf, and agree that I will defend, indemnify, and hold harmless Releasees against any claims arising from the minor participant's presence at \_\_\_\_\_ or participation in the Activities. I acknowledge that the minor participant is bound by all the terms of this Agreement, and understand that the minor participant would not be permitted to be at \_\_\_\_\_ or take part in the Activities unless I agree to all terms of this Agreement.

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

\_\_\_\_\_

Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

\_\_\_\_\_

Date: \_\_\_\_\_

## **NEW!!! CODE OF CONDUCT AGREEMENT**

In order for the High Velocity All-Sports Summer Camp Program to be fun and safe, HVS has implemented a list of rules and expectations for each camper. It is each camper's responsibility to follow the policies listed below. Please review them with your child and sign the bottom of the form.

- Follow directions at all times.
- Take turns and share with others.
- Solve problems positively.
- Be a friend. Include and help others.
- Keep hands and feet to yourself at all times.
- Use polite words in an appropriate voice.
- Respect all property.
- Care for and encourage one another.
- Clean up and keep area neat for others.
- Accept consequences.
- **THERE IS A ZERO TOLERANCE POLICY FOR HITTING AND BULLYING.**

The above rules are necessary for the program to be a positive environment for all. The rules of the High Velocity All-Sports Summer Camp Program are to ensure that everyone has a good time and remains safe. If a camper has trouble following the above rules, he/she will be referred immediately to the Camp Directors.

Camp Directors will determine the appropriate course of disciplinary action and parents will be notified.

Please sign below indicating that you have discussed these rules with your child.

Print Name

Parent Signature

Date: \_\_\_\_\_



### CAMP CHECK-IN QUESTIONNAIRE

- 1) Does your child have any physical impairments that may limit his/her ability to participate in sporting activities? \_\_\_\_\_  
\_\_\_\_\_
- 2) Does your child have any mental or emotional impairments, social delays, aversions, etc. that our staff should be aware of? \_\_\_\_\_  
\_\_\_\_\_
- 3) Is there any other medical information that may help our staff better relate to your child that we should know about? \_\_\_\_\_  
\_\_\_\_\_
- 4) Does your child have any allergies, and if yes, what are they? \_\_\_\_\_  
\_\_\_\_\_
- 5) Does your child require any medication for allergies, asthma, or any other medical conditions and does he or she know how to administer medication? \_\_\_\_\_  
\_\_\_\_\_
- 6) Is your child up to date with the State of Michigan requirements for immunizations? \_\_\_\_\_  
Has your child ever had a tetanus shot? Yes No

Parents:

If HVS staff is to be responsible for the possible administration of medication to your child, please properly label the medication and include directions, an emergency phone number, and any other information that may be helpful. If your child requires cognitive assistance to administer medications, please sign here to indicate permission to treat your child based on the medications and instructions you provide: \_\_\_\_\_ (Everyone must sign here).

Please include any other information you think may be helpful to our staff:

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I agree that all the information above is accurate and that nothing has been falsified or purposely omitted. With my signature below I give my child permission to participate in All-Sports Camp activities except where otherwise indicated on this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_