

Medical Release Forms

All parents/guardians must complete a medical form for each camper they have participating in the Choo Smith Youth Empowerment Summer Camp.

These Medical Release Forms are mandatory for your child to participate at camp. All medical forms should be filled out printed and presented to your camp director on the first day of camp.

Thank You for your support and participation in the 2022 Choo Smith Youth Empowerment Summer Camp!!!!



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Choo Smith Youth Empowerment cannot prevent you or your child(ren) from becoming exposed to contracting or spreading COVID 19 while attending Choo Smith Basketball training or Team choo Practice it is not possible to prevent against the presence of disease. Therefore, if you choose to attend the Choo Smith Training and enter Goal Baltimore premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID 19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID 19. I hereby choose to accept the risk of contracting COVID 19 for myself and/ or my children in order to attend Choo Smith Basketball and enter Garrison Middle School premises. Attending the training is such value to me and/ or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID 19.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Choo Smith Youth Empowerment and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID 19 related to attending Choo Smith Basketball training at Garrison Middle School. I understand that this waiver means I give up my right but not limited to claims of negligence and give up any claim I may have to seek damages, whether know or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of MARYLAND will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE FOR MYSELF AND MY CHILD THAT IS PARTICIPATING IN THE CHOO SMITH BASKETBALL TRAINING

Signature: _____

Printed Name: _____

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Child's Name: _____

Child's Name: _____

Child's Name: _____

WELCOME TO CSYE CAMP 2022!

The following pages are the registration materials required to complete your registration. In addition to these forms, some jurisdictions require **additional forms** as outlined below to be in compliance with local licensing regulations.

- Please sign and date a **Participant Waiver Form**.

All Choo Smith Youth Empowerment Summer Camp Forms

- Registration Form
- Medication Authorization Forms (if applicable)
- Inclusion Form (if applicable)
- Inhaler Authorization (if applicable)
- Epinephrine Authorization (if applicable)

DC Summer Camps

- District of Columbia Universal Health Certificate
- District of Columbia Oral Health (Dental Provider) Assessment Form
- Travel & Activity Authorization
- Authorization for Child's Emergency Medical Treatment
- Registration Record for Child Receiving Care Away from Home

Virginia Summer Camps

- Identity Verification
- Commonwealth of Virginia School Entrance Health Form and Immunization Record.

Maryland Camps

- Camper who reside outside of the US, a US Territory or DC, must attach Department form [DHMH-896](#)

The Choo Smith Youth Empowerment seeks to make its' services available to all persons regardless of their ability to pay. Please call your local CSYE for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the Choo Smith Youth Empowerment Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the Choo Smith Youth Empowerment 2022 Caring for Community Campaign, you may do so by asking at Member Services for a donation envelope, or online at Chooyouth.com.

Medical Information:

Allergies or intolerance to food, medication, or any other substance: _____

If an allergic reaction occurs, please list steps to relieve reaction: _____

Chronic physical, Behavioral or Psychological problems, pertinent developmental information, any special accommodations needed: _____

For special accommodations, or to share important information about your camper, please complete an INCLUSION FORM.

Does your child take medications or vitamins on doctor's orders? _____

Please specify: _____

If the camp is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.

EMOTIONAL/BEHAVIORAL NEEDS: If yes to any of the questions below an inclusion form must be filled out

Does your child have an IED? ___ Yes ___ No

Does your child need any special accommodations related to emotional, behavioral needs or learning disabilities? ___ Yes ___ No

Is there anything that we need to be aware of regarding your child's emotional, behavioral, or mental health needs? ___ Yes ___ No

For campers residing in the United States (or US territory or DC); is the child exempt from any immunizations?

No Yes, please see below and specify: _____

PLEASE NOTE: MD CAMPERS: Who reside outside of the US, a US Territory or DC, must attach Department form DHMH-896 (vaccination record or immunity). VA CAMPERS: Who are exempt from immunizations, must submit either a "Certification of Religious Exemption" or a MCH213B or MCH213C form that states one or more of the required immunizations may be detrimental to the child's health. ALL OTHERS attending camp in DC or VA must submit a physical and immunization record as outlined above.

Child's Physician and Office Name: _____ Physician's Phone: _____

Emergency Medical Authorization:

I give the Choo Smith Youth Empowerment of Metropolitan Washington permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Choo Smith Youth Empowerment of Metropolitan Washington. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the Choo Smith Youth Empowerment of Metropolitan Washington to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy #: _____

Parental Agreements:

- 1) The Choo Smith Youth Empowerment agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the Choo Smith Youth Empowerment.
- 2) The parent/guardian agrees to inform the Choo Smith Youth Empowerment within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) My child has permission to be transported by a Choo Smith Youth Empowerment vehicle and to participate in all Choo Smith Youth Empowerment program activities and related field trips.
- 4) My child has permission to participate in Choo Smith Youth Empowerment swimming activities.
- 5) The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by Choo Smith Youth Empowerment staff.
- 6) I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.

Cancellation Policy: If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned less the deposit. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session the balance will be returned less the deposit and an additional 20%. If fees have been paid out but cancellation is made after the camp begins then no refund will be given.

Brand of Sunscreen to be Administered: _____ Brand of Insect Repellent to be Administered: _____

Swimming Assessment: Non-Swimmer (unable to swim/no swim instruction) Beginner (some limited swim instruction) Intermediate (average swimming ability) Advanced (skilled swimmer)

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the six (6) Parental Agreements, and cancellation policy outlined above.

Parent/Guardian Signature: _____ Date: _____

