



2019 CAMP REGISTRATION FORM

CAMP SESSION

- Kids Scuba Camp Level I** Jun 17 – 21 Jul 8 – 12 Aug 5 – 9
Kids Scuba Camp Level II July 22 – 26
Kids Scuba Camp Level III July 22 – 26
Jr Open Water Camp July 15 – 19 July 29 – Aug 2 Aug 12 – 16

PARTICIPANT INFORMATION

Legal Name _____ Nickname _____
Address _____ City, State _____ Zip _____
Home Phone _____ Email _____
Birth Date _____ J F M A M J J A S O N D _____ Age _____ Grade _____ School _____
DAY YEAR

PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact Name _____ Relationship _____
Phone _____ Home Work Cell Alt Phone _____
Secondary Contact Name _____ Relationship _____
Phone _____ Home Work Cell Alt Phone _____

EMERGENCY CONTACT INFORMATION / AUTHORIZATION TO PICKUP

The following persons are authorized to pick up my child from camp and may also be contacted in the event of an emergency when neither the primary nor secondary contacts listed above can be reached.

Name _____ Relationship _____
Primary Phone _____ Alt Phone _____
Name _____ Relationship _____
Primary Phone _____ Alt Phone _____

MEDICAL INFORMATION

Insurance Company _____ Policy Number _____
Food Allergies _____ Medicine Allergies _____
Current Medications _____

PHOTO RELEASE

By registering for a Nautilus Aquatics summer camp, you grant permission to Nautilus Aquatics to use your image, appearing in any photographs, videotape, motion picture or other media taken by official Nautilus Aquatics photographers and videographers during and in relation to Nautilus Aquatics Summer Camp, for any of Nautilus Aquatics' advertising or promotional purposes whatsoever, in perpetuity throughout the world.

MEDICAL QUESTIONNAIRE

Parent/Guardian: Please check YES or NO to each of the following items to accurately reflect the participant's past medical history and present medical condition. A YES answer to any of these items requires written medical approval before the participant will be allowed to participate in scuba diving activities. If this applies, a separate form will be provided to take to a physician.

- YES NO History of respiratory problems or disease including asthma, emphysema, or tuberculosis
- YES NO Recurrent ear problems, ear disease or surgery
- YES NO History of sinus problems
- YES NO Problems equalizing (popping) ears with airplane or mountain travel
- YES NO Diabetes
- YES NO History of heart condition (e.g., cardiovascular disease, angina, heart attack)
- YES NO History of seizures, dizziness, or fainting
- YES NO Nervous system disorder
- YES NO Behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces)
- YES NO Recurrent back problems, history of back or spinal surgery
- YES NO Currently taking prescription medication that carries a warning about impairment of physical or mental abilities
- YES NO Has recently had an operation or illness
- YES NO Currently under the care of a physician or has a chronic illness

Please note: If the participant has a cold, sinus congestion, or ear infection the week prior to camp, he or she will need physician approval to participate in scuba activities.

I, _____, parent/guardian of _____, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with skin diving and scuba diving, which may result in serious injury or death and have answered the above medical questions honestly and to the best of our knowledge.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Deposit Date _____	Amount _____	Balance Due _____	<input type="checkbox"/> Paid In Full	Invoice # _____
<input type="checkbox"/> Medical Questionnaire	<input type="checkbox"/> Medical Statement	<input type="checkbox"/> Emergency Consent	<input type="checkbox"/> Student Record	<input type="checkbox"/> Photo Release
<input type="checkbox"/> Con-Ed Form	<input type="checkbox"/> Youth Diving	<input type="checkbox"/> Staff Release	<input type="checkbox"/> Seal Team Liability Release	<input type="checkbox"/> Non-Agency Disclosure