

Please complete all pages of this form for each child attending.

Be sure to write your child's name at the top of each page.

Child's Name: _____ Current Age: _____ Current Grade: _____

Date of Birth _____ / _____ / _____ Grade Entering Next September (2020): _____

Mother's Name: _____

Father's Name: _____

Sibling(s) currently attending Malibu Beach Camp _____

I would like to request my child to be in the same group as: _____

Requests cannot be guaranteed if form is received after May 1st

Hobbies and Interests _____

Do you or your child have any expectations and/or concerns about the camp? If so, please explain:

Please provide us with any additional information that can assist us in ensuring your child an enjoyable camp experience: _____

Restrictions

___ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

___ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations _____

PLEASE FILL OUT EVERY PAGE OF THIS PACKET AND RETURN ASAP.

THANK YOU!

Malibu Beach Camp

Health Information

Child's Name _____ Date of Birth _____

Allergies / Diet

Food Medicine Environment (bee stings, hay fever, etc.) Other None known

Please explain: _____

This camper eats a regular diet This camper eats a regular vegetarian diet

This camper has special food needs. (Please explain): _____

Other

Chronic or recurring injuries or illnesses: _____

Special developmental needs or learning disabilities: _____

Daily Medication(s): _____

Chronic Concerns

Camper has the following chronic health concerns:

Asthma Headaches Diabetes Skin Conditions (explain)

Menstrual cramps Frequent ear infections Frequent colds

Other (please be specific): _____

Please provide information about supportive health care needed for each checked item: _____

General History

Has the camper had chicken pox or been immunized for chicken pox? Yes No

Has the camper had mononucleosis in the past 12 months? Yes No

Is the camper's hearing within normal ranges? Yes No

Please explain: _____

Does the camper use glasses or contact lenses to correct vision? Yes No

Is the camper free of illness, injury, or other condition which would affect program participation?

Please explain: _____ Yes No

Mental and Emotional History

Child's Name: _____

Has the camper been diagnosed with Attention Deficit Disorder (ADD or ADHD) or other behavioral issue? Yes No

Has the camper received a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes No

Does the camper have a SEIT? Yes No

Does the camper receive any services within their school environment? Yes No

Does the camper have an emotional health concern? Yes No

Please explain: _____

Does the camper have a learning disability? Yes No

Please explain: _____

Has the camper seen or is the camper currently seeing a professional to address mental and/or emotional health concerns? Yes No

Please explain: _____

If "Yes" was answered to any of the five questions above, please attach a statement from your physician, therapist or psychiatrist which describes the concern and the camper's management plan, describes the behaviors which would indicate to our staff that your camper may need a professional referral, and provides a recommendation for optimal participation in the camp program.

Additional Information

What have we forgotten to ask? Please provide any other information that would be useful to us in caring for your child. _____

Insurance

This camper is covered by family medical/hospital insurance. Yes No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Phone # _____

Please include a copy of your insurance card; copy both sides of the card so information is readable

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to Camp Malibu to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the programs staff about my child's health status.

Signature of Custodial Parent/Guardian: _____

Date _____ Relationship to Camper: _____

Malibu Beach Camp

Aquatic Profile

This form will be given to our swim staff in order to design the appropriate aquatic program for your child. Please complete all sections of this form even if information is repeated.

Child's Name _____ Date of Birth _____

School grade entering in September _____ Camp(s) attended last summer _____

Our swim instructors are professionals who are certified and trained to teach swimming. While they will never force a camper, there is a range of encouragement that an instructor can provide. Please check the statement below that most closely represents your feelings:

My child truly enjoys swimming and water sports. I support full participation and anticipate no need for special consideration.

My child usually needs extra encouragement to get over a hurdle, especially if he or she perceives there is a risk involved. Please be gentle but firm. I expect to see some real progress in my child's swimming skills this summer.

Skill acquisition is not one of my highest priorities in my child's camp experience. Although he or she is always required to go to the pool, please do not use a lot of pressure during swim instruction, even if it means that progress will be slow.

Additional comments regarding swim: _____

Form completed by _____ Relationship to camper _____

Signature _____ Date _____

For staff use only: Please do not place any marks inside this box.

Swim Director has reviewed this profile

Counselor has reviewed this profile

Camper's swim level: Non-swimmer Intermediate Swimmer

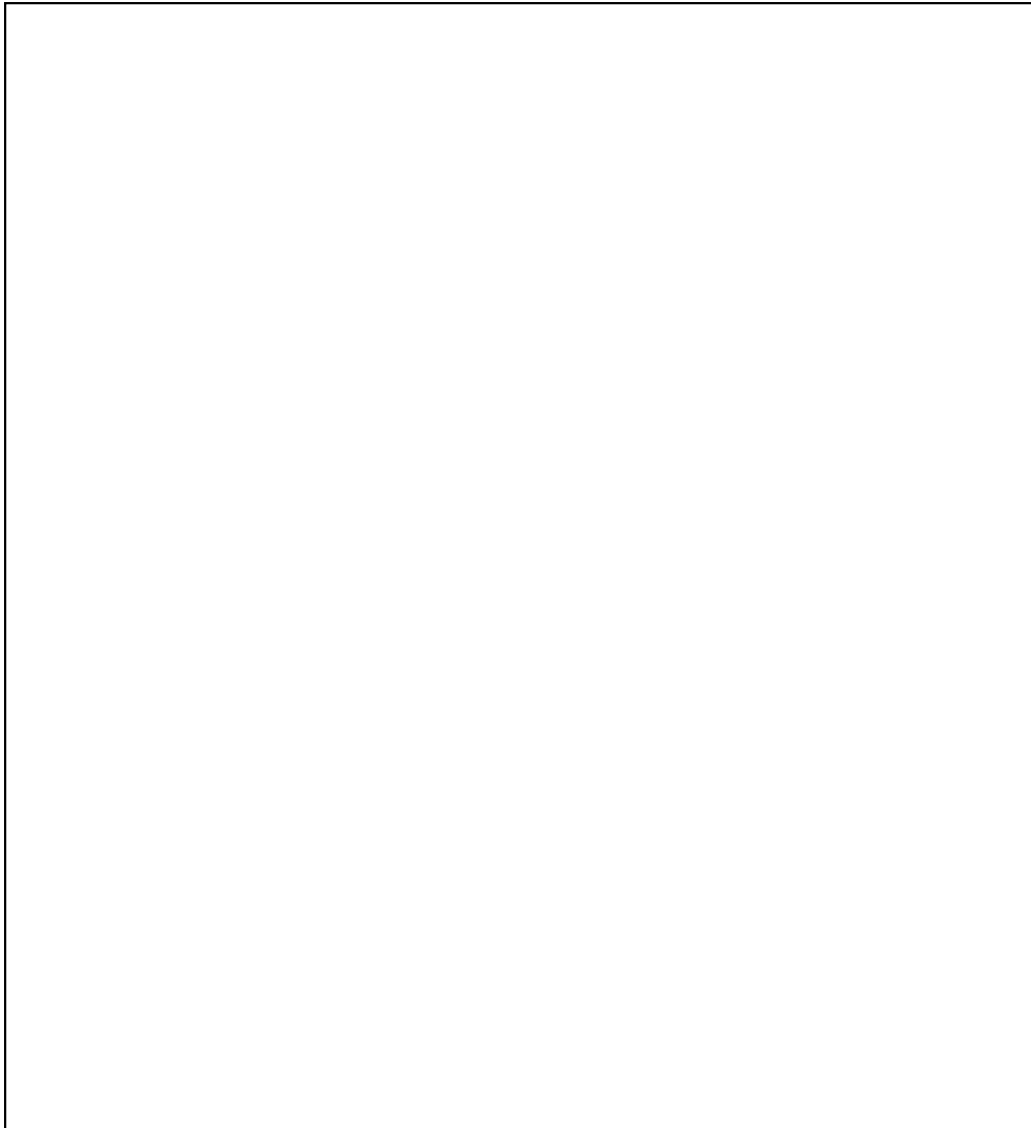
Counselor's Signature _____ Date _____

Swim Director's Signature _____ Group _____

Notes:

Child's Name _____ Date of Birth _____

For security purposes, Malibu Beach Camp requires a current photograph of all campers. Please affix a clearly identifiable photo of your child below.



Child's Name _____ Date of Birth _____



1500 Lido Blvd ♦ Lido Beach NY 11561 ♦ 516-670-1055 ♦ Fax 516-431-7936
www.malibubeachcamp.com

Dismissal Procedures

On the first day of camp, you will receive 2 pickup passes per child. You will need these passes in order to get into the parking lot as well as to pick up your child. Please understand that this is not a free parking pass. It allows you to park your car for a few minutes while you are picking up or dropping off your child. If you would like to enjoy the day on the beach while your child is in camp, you must pay the daily parking fee.

Since safety is our number one concern it is very important that dismissal runs smoothly. We will only dismiss your child to a parent/guardian or caretaker who has the pickup pass. Please give the 2 pickup passes to whomever will be picking up your child each day. If there is a change in dismissal and you need someone else to pick up your child you must notify us by email (malibubeachcamp@gmail.com). Please include the first and last name of the person who will be picking up your child. They must show a government ID that matches the name in the email in order to pick up your child. Your signature below indicates that you understand and agree to our dismissal policy. This will greatly help us in ensuring your child's safety. Thank you!

Parent Signature _____

*** In the event of any changes regarding dismissal
please call us at 516-670-1055 ***

PLEASE RETURN ASAP