

PARENT/GUARDIAN #2 INFORMATION

- ◆ Parent/Guardian #2 _____
First Name Last Name
- ◆ Parent/Guardian #2 Cell Telephone (_____) _____ - _____
Work Telephone (_____) _____ - _____
- ◆ Cell Provider _____
By providing this information you are authorizing us to send a text message out to your mobile phone number listed above. Standard text messaging rates apply.
- ◆ Do you allow Headfirst Camps to communicate with Parent #2 in emergency situations via text message? YES NO
- ◆ Parent/Guardian #2 Primary Email _____
(Please enter e-mail **ONLY** if you would like to receive pre-camp and in camp communication emails.)

CARPOOL & PICK-UP AUTHORIZATION

Please only provide names of those other than parents who are authorized to pick-up your child. You are able to update this information up to the first day of camp.

- ◆ Authorized Person #1 _____
First Name Last Name
- ◆ Authorized Person #2 _____
First Name Last Name
- Please list all persons restricted from visitation or pick up.
- ◆ Restricted Person #1 _____
First Name Last Name
- ◆ Restricted Person #2 _____
First Name Last Name

MEDICAL INFORMATION

- ◆ Please note any special information that we should be aware of (i.e. medical issues, medication, allergies, special needs, and/or social/physical conditions that require special attention.) Please check:
- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Nothing to be aware of | <input type="checkbox"/> Allergy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Special Needs | |
| <input type="checkbox"/> Life-Threatening Allergy | <input type="checkbox"/> Cardiac Condition | |
- ◆ Please comment: _____

- ◆ If your child has an allergy please check the type(s) of allergy:
- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Nut | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Other |
- ◆ Will you be checking in medication for your camper (i.e. Epi-Pen)? YES NO
- ◆ If you will be checking in medication please check the type of medication:
- | |
|--|
| <input type="checkbox"/> Epi-Pen |
| <input type="checkbox"/> Inhaler |
| <input type="checkbox"/> Prescribed Medication |
| <input type="checkbox"/> Other _____ |

PHYSICIAN/INSURANCE INFORMATION

- ◆ Primary Physician _____
First Name _____ Last Name _____
- ◆ Primary Physician Telephone (_____) _____ - _____
- ◆ Insurance Provider Company Name _____
- ◆ Insurance Provider Company
Policy Group Code _____

PRIMARY EMERGENCY CONTACT PERSON

Who is the emergency contact person in the event that both parents/guardians are unavailable?

- ◆ First Name _____ Last Name _____
- ◆ Telephone # (_____) _____ - _____
- ◆ Relationship To Family _____

On behalf of my child(ren), I accept and assume any and all risks associated with his/her/their attendance and participation in Headfirst Camps or any program operated by Headfirst Baseball, LLC, Headfirst Management, LLC, Headfirst, (collectively hereinafter "Headfirst Camps") and all related activities. I understand that my child(ren) should not attend the camp if he/she/they are not in a healthy condition. Furthermore, I do hereby verify that my child, to the best of my knowledge, is free from contagious disease, is fully immunized, and is able to participate in Headfirst Camps. I understand and agree that my child(ren) must abide by camp policies and the instructions of the Headfirst Camps staff at all times. Some of these policies and instructions are written and some are at the sole discretion of the Camp Directors, but all policies and rules uphold the overall safety of the Camp and its participants at all times. Permission is hereby granted for photographs and/or videos to be taken of my child at camp and Headfirst Camps has the right to utilize these in our brochures, videos, slide shows, web site, and other camp materials. I agree that should my child(ren) be dismissed from a Headfirst Camps program, that no part of my tuition paid will be refunded to me. I also understand and agree that no reduction or prorate in the tuition will be made for late arrival, early departure, vacations, illness, or injury. In the event that I cannot be contacted in the event of an emergency, I hereby grant Headfirst Camps permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that Headfirst Camps will notify me if my child(ren) becomes ill during camp hours and I will arrange to have my child(ren) picked up immediately from Camp. I understand that Headfirst Camps does not carry accidental injury insurance on campers and I waive and release Headfirst Camps and its directors, employees, and independent contractors from all liability for personal injuries, illness, loss, or damage to property. Knowing all of these facts and in consideration for your accepting my child(ren)'s enrollment form/online registration, I, for myself, my child(ren) attending the camp, and anyone else who may claim on me or my child(ren)'s behalf ("I") hereby agree that neither Camps, the schools or facilities that host Headfirst Camps programs, are responsible for accidents, injuries, and/or medical or dental expenses arising from my child(ren)'s participation in the camp and, accordingly, I covenant not to file suit against or otherwise sue Headfirst Camps, and waive, release, and discharge Headfirst Camps and the various schools or facilities that host Headfirst Camps programs, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of our relating to my child(ren)'s participation in the camp. I have carefully read all of the information in this application form/enrollment form/online registration and agree to all its conditions.

Agree: _____

(When submitting enrollment online accept my signature as typed initials)

* To complete the enrollment form please enter the required information online, save to your computer and email the completed form to info@headfirstcamps.com; alternatively you may print out the form and fill in the required information and fax to (202) 249-1047 or mail to Headfirst Camps, 2440 Wisconsin Ave, NW, Suite 201, Washington, DC 20007.

