



Camper's First Name \_\_\_\_\_ Last \_\_\_\_\_

P. O. Box 8571  
 Spokane, WA 99203  
 509 474-6725  
 509 474-6706 Fax  
[www.beatsandrhythms.org](http://www.beatsandrhythms.org)

T-Shirt Size \_\_\_\_\_ Youth Medium  
 \_\_\_\_\_ Youth Large  
 \_\_\_\_\_ Adult Small  
 \_\_\_\_\_ Adult Medium  
 \_\_\_\_\_ Adult Large  
 \_\_\_\_\_ Adult X Large  
 \_\_\_\_\_ Adult XXL

## Camper Information Form

**Full Name:** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **SEX:** Male Female

**Primary Parent/Guardian's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

.....  
**Camper's Insurance Information:**

**Insurance Name:** \_\_\_\_\_ **Subscriber's Name:** \_\_\_\_\_

**Ins. Address:** \_\_\_\_\_ **Insured DOB:** \_\_\_\_\_

\_\_\_\_\_ **Policy Number:** \_\_\_\_\_

\_\_\_\_\_ **Group Number:** \_\_\_\_\_  
 .....

**Pediatric Cardiologist Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Primary Care Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_  
 .....

**Does your child have any Allergies?**

**Environmental:** \_\_\_\_\_

**Food:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

Medication/Trigger	Date of the last Reaction	Type of Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Fill in approximate dates: Tetanus Booster must be Up To Date**

DPT Series	_____	Tetanus Booster	_____	Pneumo-vac	_____
Polio Series	_____	TB Test or Chest X-Ray	_____	H Flu	_____
Measles	_____	Mumps	_____	MMR	_____

**Personal Health History and Activity Information**

Cardiac/Medical Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

List any other chronic or recurring illnesses that we should be aware of: \_\_\_\_\_  
 \_\_\_\_\_

**Indicate last date which illness occurred      If illness is a frequent occurrence, please attach comments**

Asthma		Frequent Ear Infections		Mumps	
Bee Sting		Frequent Fevers		Poison Ivy	
Bleeding/Clotting Disorders		German Measles		Rheumatic Fever	
Chicken Pox		Hay Fever		Seizures	
Diabetes		Hepatitis		Sinus Infection	
Endocarditis		Hypertension		Stomach Aches	
Fainting Episodes		Measles		Strep Throat	
Frequent Bowel/Bladder Prob.		Mononucleosis		Stroke/Paralysis	
How many times in the past year has camper had Strep Throat					

Does your child have P.E. (ear tubes) or other reasons that would prevent him/her from participating in swimming activities? \_\_\_\_\_

**BEATS & RHYTHMS ENCOURAGES PARTICIPATION IN ALL ACTIVITES. 50% OF THE ACTIVITIES ARE PHYSICALLY ACTIVE. WE REQUEST THAT WHEN A CAMPER GETS TIRED, HE OR SHE ASKS TO SIT OUT TO REST.**

**Circle** the letter below describing the level of exercise tolerance in which the applicant is able to participate.

**A) FULL ACTIVE PARTICIPATION WITH NO RESTRICTIONS**

Participates in non-competitive games

**B) FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE**

Participates in non-competitive games, which may involve running short distances

**C) PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE**

Participates in limited activities, camper rests occasionally

**D) LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE**

Must rest frequently and often, participate in sedentary activities only.  
*If your child fits **Category C**, please reconsider his/her suitability. However, If you perceive that your child can benefit from actively participating in the Programs, please submit a written explanation.*

The following activities are available at camp, which may be offered to your child: tennis; swimming; light running; walking on a nature trail; tubing; ropes course; active games; assisted wall climbing and giant slide. Participation is not mandatory, but encouraged. Please state any activity in which your child may not participate. Please explain:

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

