

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

		Normal	Under Care	Referred			Normal	Under Care	Referred
Vision Tested?	<input type="checkbox"/> Visual Activity				Urinalysis Done?	<input type="checkbox"/> Sugar			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ocular Muscle				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Albumin			
Date _____	<input type="checkbox"/> Other _____				Date _____	<input type="checkbox"/> Microscopic			
Hearing Tested?	<input type="checkbox"/> Audiometer				Blood Pressure Measured?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date _____					Reading _____				
Hemoglobin/Hemotocrit Tested?					Height _____	Weight _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No					Other:				
Blood Lead Level Tested?					Blood Lead level recommended for all children age six and under				
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Date _____	Reading _____								

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No

If yes, please explain:

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Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

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Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

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Dentist's Signature Date

COMMENTS

REAL Jr. LIFE DAY CAMP LIABILITY WAIVER
AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK

In consideration of Real Life Jr. Day Camp agreeing to allow my child/children:

(child/children's names)

to participate in the following activities: water play, group games, animal care, pony rides, barn/playground play, and any other Jr. Day Camp related activities, on behalf of myself and/or my child/children's participation in the above activities, I do hereby waive, release and discharge any and all claims for damages of any nature as a result of injury, which may occur to my child as a result of my and/or my child's participation in the above activities.

I further agree to indemnify and hold harmless Real Life Farm and Real Life Nursery School from any liability to myself, my child or any third party arising or in any way connected with my and/or my child's participation in the above events.

I further understand that there is always some risk involved in riding horses and being in close proximity to farm animals and machinery, and in participating in any of the above activities, and that injuries may occur. Knowing these risks, I hereby agree to assume said risks on behalf of myself and/or my child.

WARNING

Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

It is further understood that this release is binding upon my heirs and assigns.

REAL LIFE DAY CAMP

_____/President

Dated: _____ 2017

By: _____
(Parent or Guardian)

REAL LIFE Jr. DAY CAMP PARENT POLICY AGREEMENT

Dear parent,

Please read the policies of Real Life Jr. Day Camp. Sign and return this form through the mail, or at our Open House on Saturday, May 20th 2017.

I understand that the tuition rates are as follows:

5 days: \$240.00

4 days: \$211.00

3 days: \$166.00

2 days: \$136.00

Due to the fact that Real Life Day Camp has reserved a space for my child I understand that tuition payment is due even if my child is unable to attend camp due to illness or other circumstances.

I understand that the registration fee is non refundable.

I understand that all deposits are non refundable and non transferable after **May 20, 2017.**

I understand that that tuition must be paid in advance or on the first day my child attends each week. A \$20.00 late fee will be added to my bill if I fail to pay tuition on my child's first day of each week.

I understand that there will be a \$25.00 fee for any returned checks.

I understand that my child/children must have the following forms on file to stay at camp:

- **Registration Form**
- **Health Form**
- **Child Information Form** (Printed out with registration form).
- **Parent Policy Agreement**
- **Liability Waiver**

Parent Signature: _____

Director Signature: _____