



CONTINUING & PROFESSIONAL EDUCATION

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YOUTH PROGRAM HEALTH HISTORY & WAIVER FORM

Mandatory for Children 17 & Under

Please bring this completed form to class on the first day of camp. No child can participate without the completed form.

Name of Student _____ Student's ID# _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____

Parent's/Legal Guardian's Email _____

Home Phone _____

Parent's/Legal Guardian's Name _____

Cell Phone/Daytime Phone Number _____

Parent's/Legal Guardian's Name _____

Cell Phone/Daytime Phone Number _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

My child's immunizations are up-to-date, as required by New Jersey law. Yes No

With this registration, I am affirming that my child is in good physical health,
had a recent physical and may participate in all camp activities. Yes No

List Any Medical Conditions _____

List Any Allergies _____

Current Medications _____

Additional Comments _____

RELEASE AUTHORIZATION:

I hereby give my child permission to attend and take part in all Kids On Campus Activities. I will not hold the college personnel responsible in the event of an accident or injury as a result of his/her participation. In case of any emergency, I understand that I will be contacted immediately and that Ocean County College will arrange First Aid and/or transport of a registered student to a hospital unless otherwise notified. I will allow the college to use photographs taken at this camp season for publication purposes. All information on this form is complete, true and accurate to the best of my knowledge.

Signature _____