



# CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (home) \_\_\_\_\_ (car/work) \_\_\_\_\_ Tel.(home) \_\_\_\_\_ (car/work) \_\_\_\_\_

Occupation/Co. \_\_\_\_\_ Occupation/Co. \_\_\_\_\_

E-Mail address \_\_\_\_\_

Facts the Director should know about the child \_\_\_\_\_

How or from whom did you hear about Adventure Camps? \_\_\_\_\_

Please list siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

In case of emergency, if either parent cannot be reached, whom should we call?

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Address \_\_\_\_\_ Phone \_\_\_\_\_

Day(s) and hours Attending Camp:

Day: \_\_\_\_\_ Hours: \_\_\_\_\_

## PARENT'S PERMISSION STATEMENT

My child has permission to participate in the activities of Adventure Camps. I hereby consent to any treatment deemed necessary in the event of an emergency. I understand that I am responsible for paying any and all medical expenses that may be incurred by my child at camp. The camp has my permission to use any photos taken during camp. I understand that with the exception of a \$150 non-refundable deposit, all tuition is fully refundable up until my child's second time in camp. After that time there are no refunds for any reason including illness, withdrawal or dismissal. There are no make-ups for any missed days.

Note: By checking the box below I agree to the terms listed above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_