



2017 Camper Record Form

(For Office Use Only: Enrollment Date _____)

ALL items MUST be filled out. Please print legibly.

Camper's Name: _____ **Birthdate:** _____

Address: _____ **Phone:** _____

School: _____ **Grade/Class (fall 2017):** _____

Email: _____

Family Information

The person or persons named below is/are legally responsible for the care and well-being of this child.

Parent/Legal Guardian _____
Home Address _____

Parent/Legal Guardian _____
Home Address _____

Home Phone _____

Home Phone _____

Cell # _____

Cell # _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Phone _____

Business Phone _____

Business Address _____

Business Address _____

Please indicate your child's T-Shirt size: _____

Health Information

Allergies: _____

Medications: _____

Physician: _____ **Phone:** _____

Permission to Participate in Summer Camp Activities

I give permission for my child to enter all classrooms at Earthplace as well as the auditorium, Natureplace, the Animal Hall and the courtyard. Also, my child may participate in activities on all Earthplace playgrounds and walks on all Earthplace property and trails. Yes No

Camper Group (please circle one)

Chickadee | Hummingbird | Woodpecker | Falcon | Owl | Hawk | Trekker | CIT

Camp Session (please circle all that apply)

Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 | Session 8 | Session 9

Emergency Contacts and Release Permission

(Please list local friends, nannies, grandparents, etc. who may be picking up your child.)

Name _____ **Relationship to Child** _____

Address _____
(Street Address) (City) (State) (Zip)

Home Phone _____ **Work #** _____ **Cell #** _____

Name _____ **Relationship to Child** _____

Address _____
(Street Address) (City) (State) (Zip)

Home Phone _____ **Work #** _____ **Cell #** _____

I give Earthplace staff permission to release my child to the above named individuals in addition to the parents as listed on the previous page. These people have my permission to make decisions as to the health and welfare of my child.

Emergency Authorization

I hereby appoint Earthplace staff, who are certified in First Aid and CPR, to act on my (our) behalf, to administer First Aid and/or CPR, and to authorize unexpected medical, dental, and surgical care, hospitalization and disaster evacuation for my child.

In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resources before contacting the parent, child’s physician, and/or other adult acting on the parent’s behalf. In all other situations every attempt will be made to contact the parents first.

Permission to Access Records

I give permission for Earthplace Summer Camp administrators, teachers, health consultant and state regulatory agents to access my child’s file. Yes No

Photo Permission

I give permission for my child to be photographed and/or have digital video taken for the Earthplace photo or video library and for publicity purposes, including, but not limited to, the Earthplace website, newsletters, brochures, advertising and press releases. Yes No

Transportation Permission

I give permission to have my child ride the Earthplace Van or the school bus from Earthplace to our field trip destinations (Groups: Owls, Hawks, Trekkers). Yes No

I have read the Earthplace Summer Camp Parent Handbook and agree to abide by the policies contained therein.

I fully understand and agree to the terms set forth in the above sections.

***Date:** _____ ***Signature:** _____

(Parent or Guardian)