



2018 Camper Record Form

(For Office Use Only: Enrollment Date _____)

Please PRINT legibly!

Camper's Name _____ Date of Birth _____

Address _____

City/State/ZIP _____

Child's School _____ Grade/Class (Fall 2018) _____

Main Family Phone _____ Main Family E-Mail _____

FAMILY INFORMATION:

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

Parent/Legal Guardian _____ Parent/Legal Guardian _____

Home Address _____ Home Address _____

Main Phone _____ Main Phone _____

Occupation _____ Occupation _____

Business Name _____ Business Name _____

Business Phone _____ Business Phone _____

Please indicate your child's T-shirt Size _____

HEALTH INFORMATION:

Allergies: _____

Medications: _____

Physician's Name: _____ 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, Animal Hall and courtyard. My child may participate in activities on Earthplace property, nature trails, and playground.

Parent/Guardian Signature: _____

Camper Group (please circle one):

Chickadee (2s) Hummingbird (3s) Woodpecker (4s) Falcon (5s) Owl (1st-2nd grade) Hawk (3rd-4th grade) Trekker (5th-8th grade) 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 administrators, teachers, counselors, health consultants 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 (for Owls, Hawks, and Trekker groups only)

I give permission to have my child ride the Earthplace van or the school bus from Earthplace to our filed trip destinations. 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)