



Registration Form

Please bring one signed form per child to Camp.

Child's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

In case of emergency notify: _____ Ph# _____

Family Physician: _____ Phone # _____

Insurance Co. _____ Policy # _____

Latest Tetanus date: _____

MEDICAL HISTORY

Has your child received treatment for any of the following?

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart trouble _____ Diabetes

_____ Dizziness _____ Stomach upset _____ Hay fever

Explain: _____

Previous surgeries or serious illnesses (include dates): _____

ALLERGIC REACTIONS to:

Drugs: _____ Insect stings/bites: _____

Foods: _____ Other: _____

MEDICATIONS now taking (include instructions if we are to administer): _____

PHYSICAL RESTRICTIONS: _____

Permissions (A & B will be necessary for participation):

A. Permission for Medical Treatment: In case of illness or injury, I hereby grant my permission for an attending adult to obtain necessary medical treatment for my child from a qualified physician or nurse.

_____ please initial

B. Transportation Release: I hereby grant permission for my child to be transported to and from locations where activities will take place. I understand that vehicles will be safely maintained; and that drivers will be responsible, licensed, insured, and at least twenty-five years of age.

_____ please initial

C. Photo/Video Release: I understand that as a participant, my child may be photographed or videoed during activities. I grant permission to post these images online or use them in future promotional materials.

_____ please initial

I, the undersigned, do hereby verify that the above information is correct; and I do hereby release and forever discharge all sponsors, employees, chaperones from any and all claims, demands, and action, past, present, or future arising out of any damage or injury while participating in the activities of High Adventure.

Dated this _____ day of _____, 20____

Parent or Guardian signature

Witness signature

Referred by: _____