

# River Landing Adventure Camp Registration Form

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Camp Week** \_\_\_\_\_

## Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 23, 2017) \_\_\_\_\_

Home Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

For out of town campers: Will the parent/legal guardian be local during child's camp week? Yes \_\_\_ No \_\_\_

## Parent/Legal Guardian - Contact Information

First \_\_\_\_\_ Last \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Member: Yes \_\_\_ No \_\_\_ If Yes: Member # \_\_\_\_\_

*Only fill this section out if the Parent/Guardian is not a River Landing Member*

## Grandparents or Guest Sponsor – Contact Information

First \_\_\_\_\_ Last \_\_\_\_\_ Member # \_\_\_\_\_

Cell phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

### Medical Concern

### Required treatment

### Should paramedic be called?

\_\_\_\_\_

\_\_\_\_\_

Yes/No

\_\_\_\_\_

\_\_\_\_\_

Yes/No

\_\_\_\_\_

\_\_\_\_\_

Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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## In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I or the contacts above cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that River Landing will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

## **TUITION INFORMATION:**

**\$185** (Includes all activities, lunch & camp t-shirt)

**\$175** (Includes all activities & lunch. No t-shirt)

Person responsible for payment \_\_\_\_\_

T-Shirt Size: (Specify Youth or Adult) \_\_\_\_\_ (Size required by June 14<sup>th</sup> for Camp I & July 12<sup>th</sup> for Camp II)

## **Terms of Agreement**

### **Photo Release**

I hereby give permission for my child to be photographed during the **River Landing Adventure Camp**. I understand the photos will be used to keep a journal of activities, to share during presentations for promotional purposes including print publications, online publications, websites, and social media. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of River Landing and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

### **Transportation Release**

I hereby give permission for the transportation of my child for official **River Landing Adventure Camp** activities by modes of transportation agreed to by the camp organizers. (Transportation on property to and from River Lodge by van.)

Parent's/Guardian's Initials \_\_\_\_\_

River Landing and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_