



Teen Excursion Camp Registration Form

Name: _____

Nickname: _____

Sex: M ☐ F ☐ (check one)

Birth Date: _____ (mm/dd/yr)

Age: _____

Grade: _____

Parent/Guardian Information:

PARENT/ GUARDIAN NAME #1: _____

Work Number: _____

Emergency Number: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/ GUARDIAN NAME #2: _____

Work Number: _____

Emergency Number: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Person(s) authorized to pick-up child other than parent or guardian:

Name of Person NOT authorized to pick-up child: _____

*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up their child**

Method of Transportation to/from Camp: ☐Bike ☐Walk ☐Car ☐Carpool (Please Circle All That Apply)

Emergency Contacts: Please list the names and best phone numbers of two people who will be able to pick up your child in case you are unable to be reached in case of an emergency.

Name: _____

Phone: _____

Name: _____

Phone: _____

Health: Please describe any allergies or other health problems: (Include any chronic physical problems and pertinent developmental information.) If an allergic reaction does occur, parents will be notified.

Does your child take medication? (If yes, please list them.)

***If any medications are to be used at camp, please fill out a Medical Authorization Form.**

Doctor's Name & Phone: _____

Agreements

The Teen Excursion Camp program agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian will arrange to have the child picked up as soon as possible.

The Parent/Guardian authorizes the Teen Excursion Camp program to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.

I/we assume all risks and hazards to participate in this activity including transportation to and from activity; and I/we do hereby waive, release, absolve, indemnify, and agree to hold blameless the Parks and Recreation Department, organizers, sponsors, supervisors, participants, and persons transporting myself/my child to or from activities when carrying out said responsibility in a safe, lawful, socially acceptable manner, for any claim arising out of injury to me/my child. I understand the Parks and Recreation Department assumes no responsibility for lost and stolen property.

I/we, the parents/guardian of the above-named participant registered for a Parks and Recreation sponsored activity, hereby give my/our approval for our child's participation in this activity. I/we have notified in writing the Parks and Recreation Department of any special needs or medical conditions my/our child has that might affect his/her ability to participate in this activity. The Parks and Recreation Department has permission to call my family physician in an emergency when I cannot be contacted. The Parks and Recreation Department has my authorization and permission, in an emergency when I (or family member) cannot be located, to authorize my child be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician) and to transport my child to the emergency room of the nearest hospital, and the hospital and its medical staff have the authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signatures

Parent/Guardian: _____

Camp Supervisor: _____

Date: _____