



April Camp 2010

Registration Form

PO Box 381, Mount Desert, ME 04660 • Phone: (207) 244-0365 • Fax: (207) 244-3355

Welcome to our spring vacation camp! A three-day camp on April 20th, 21st and 22nd.

Cost: 1 day \$35; 2 day \$60; 3 day \$85 (10% discount for multiple children in same family attending on same day)

Part I: Registration

Day 1, Tuesday, April 20th Day 2, Wednesday, April 21st Day 3, Thursday, April 22nd

Part II: General Information for Camper (please print clearly)

Full Name: _____ Male Female **Age** ____ **Birth Date** _____ **Grade** _____

Participant &/or Parent/Guardian information (if participant is under 18 years of age)

Parent/Guardian Name _____ **email** _____

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Physical Address _____ **City** _____ **State** _____ **Zip Code** _____

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

Part III: Payment

Payment Method: Cash Check Credit Card **Total Amount Paid:** _____

For Credit Card: Card # _____ **Exp Date** _____

Name on Card _____ **Authorization Signature:** _____

Part IV: Emergency Contact Information

Primary contact in the event of an emergency: **Name** _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

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

2nd Emergency Contact: **Name** _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

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

Part V: Medical Coverage & History

Does the participant have health/accident insurance? Yes No If no, your signature on this form indicates that you will pay for any and all medical claims related to participation in the programs you have registered for at Camp Beech Cliff.

Name of insured's insurance company: _____

Name of family physician and/or health care center _____ **State** _____

If participant is a minor, please have a parent/guardian fill out this section. Thank You!

Please check all YES boxes that apply, as well as all of the NO boxes that apply, to participant. Does the participant have or has he or she experienced any of the following problems, yes or no?

NO YES

- Problem with hearing – require a hearing aid
- Dizzy spells, fainting, convulsions
- Shortness of breath, asthma
- Chest pains on exertion
- Palpitation of the heart, irregular heartbeat, heart murmurs
- Low or high blood pressure
- Heart attack
- Hernia
- Chronic pain in the neck, back, shoulders, arms or legs
- Joint pains, swelling or stiffness without injury

NO YES

- Any severe injury to the head, chest, internal organs
- Any surgeries
- Severe illness requiring hospitalization or incapacitation
- Episodes of depression, anxiety, hysteria, nervousness
- History of diabetes, thyroid trouble, bleeding problems
- Currently on any medications? Please list them here or on a separate page.
- Special dietary restrictions
- Hypoglycemia
- Broken bones, dislocations, sprains, weakness of muscles

Continue on other side please. Thank you.

If you marked **YES** to any of the above items, please list details below. Please be specific and include dates, names of meds, history, and current condition, etc. Add an additional page if necessary.

Is participant **allergic** to any of the following?

- Yes No Medications (example: penicillin, aspirin, sulfa drugs, etc.) _____
- Yes No Insect bites (example: bee stings, etc.) _____
- Yes No Others (example: odors, foods, materials, etc.) _____

If yes, what is the nature of the reaction? _____

Yes No Are there any conditions that might affect the participants safe participation in this program? If yes, please specify:

Part VI: Informed Consent & Release of Liability

Camp programs often involve physically and emotionally demanding activities in an outdoor and sometimes indoor setting. It is required that you read the following very carefully, make sure you understand it, and sign it before you or your child begin participating in the program. Please contact us if you have any questions. Thank You.

I am fully aware that the programs that I am choosing to participate in may include rigorous physical activities, such as (but not limited to) climbing or ropes courses (elevated off the ground), hiking, boating, camping, off-site trips, being a passenger in a vehicle, or cooking. I am also aware that there are risks of serious physical injury or harm from participating in these programs. I voluntarily elect to participate in the program and to assume all risks of injury or harm that could result from participation. I understand that the level of participation in the programs is at all times completely voluntary and up to the individual's choice. I agree that I will not make a claim or bring suit against Camp Beech Cliff, its employees, agents, officers, directors or consultants, regarding any injury or damage I may incur while participating in the program or using the facilities, and hereby release the aforementioned from any responsibility or liability for any injury or harm. I further agree to defend, hold harmless and indemnify the aforementioned from any and all such claims. I have read and understand this release of liability. I voluntarily sign it. I hereby give permission for the leaders of the stated program and organization to administer medical assistance equivalent with their standard of care and/or to seek appropriate medical assistance for the participant listed. I affirm that my health is good, and that i am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in programs here at Camp Beech Cliff.

X Participant's Signature _____ Date _____

X Parent Guardian _____ Date _____

By signing this form, as a legal guardian I am accepting the risks and responsibilities in relation to the above-stated material for this participant who is under 18 years of age.

Part VII: Photo Release

At Camp Beech Cliff, we frequently take photographs of participants in our programs. With your permission, these photographs help us design and produce brochures, posters, web pages and other marketing pieces that help us communicate "what people do" at Camp Beech Cliff. Would you be willing to let Camp Beech Cliff use a photograph of your child for marketing purposes? Please sign below if it is OK with you. We respectfully understand if you choose not to sign.

Photo Release: Unless initialed and dated here to the contrary, we permit the use of any photos taken during camp activities for publicity, promotion or other commercial purposes.

- You may use images of my child.
- You may use images of my child as long as no identifying information is associated with the image.
- Please use NO images of my child in any way.

X Signature of Participant or Parent/Guardian: _____ Date: _____

Please return this completed form to Camp Beech Cliff as soon as possible. *Thank You!*