

Adventure Camp

Registration & Challenge Course Release Form

Print in Ink

T-shirt size:
 Med. Yth
 Lrg yth.

X-lrg yth
 Other:

List the names(s) of up to two friends that you would like to bunk with (if applicable):

1. _____ 2. _____

Camper's Name:		Home Phone #:	
Home Address:		Other Phone #:	
		Email:	
		Age/Date of Birth:	
City:	Zip:	Height:	Weight:
Family Physician:		Physician's Contact Number:	
Insurance Company:		Insurance Co. Policy #:	

PLEASE NOTE:

Because of the rigorous nature of the Challenge Course, only individuals willing to take on "physical challenge" should participate. Individuals with one or more of the following restrictions are not recommended to participate. Restrictions include, but are not limited to: heart condition, back injuries, broken bones, and weight limitations (300+ lbs.).

MEDICAL HISTORY

SPECIAL NEEDS	YES	NO	Frequency and/or severity	SPECIAL NEEDS	YES	NO	Frequency and/or severity
Allergies				Hearing impaired			
Asthma				Nose bleeds			
Bedwetting				Physical handicap			
Behavioral/ Cognitive				Sleepwalking			
Diabetes				Stomach aches			
Epilepsy				Vegetarian/ Vegan			
English Language Learner				Visually impaired			
Fainting				Heart Murmur or Disease			
Headaches				Other:			
High or Low Blood Pressure				Other:			

Please explain any items checked above. Attach additional sheet if necessary.

PRESCRIPTION AND OVER-THE-COUNTER (OTC) MEDICATIONS:

Medications, including OTC medications, can only be administered by camp staff, provided that this form is signed by an authorized health care provider AND a parent or guardian. OTC medications include, but are not limited to: vitamins, allergy remedies (Benadryl, etc.), antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, non-aspirin substitutes, and poison oak remedies—CODS does not stock OTC meds. Prescription and OTC medications must be packaged individually in pharmacy-prepared containers (with only the amount to be administered) and given directly to school personnel. Medication labels must include:

- Camper's name
- Authorized health care provider
- Name of medication
- Dose of medication
- Method of administration
- Time of administration

PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:

_____ should be given the following medication as designated below:
 Camper's name Please attach additional sheet(s) as necessary.

Prescription Medication:	Dosage:	Method of administration:	Time of administration:	Special instructions and/or precautions:
<i>OTC Medication:</i> list allergy remedies, antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, poison oak remedies, etc.				

- Please allow _____ to keep an inhaler with him/her at all times. He/she is competent to safely self-administer medication.
- Please allow _____ to keep an epi-pen with him/her at all times. He/she is competent to safely self-administer medication.

Physician Name: _____	Phone: _____
Physician Signature: _____	Date: _____

Date of last Tetanus shot ____/____/____

EMERGENCY CONTACTS:

Parent/guardian:	Relation:
Phone:	Alternate Phone:

Parent/guardian:	Relation:
Phone:	Alternate Phone:

If a parent/guardian cannot be contacted in case of emergency, please contact:

Name:	Relation:
Phone:	Alternate Phone:

PARENT/GUARDIAN RELEASE

RISKS	PREVENTION
Getting hit by a falling object.	Be alert. Look up before walking near or under course. Wear your helmet at all times!
Hair, clothing or jewelry getting caught in pulleys or other parts of the Challenge Course.	Tie long hair back. Remove rings, dangling earrings, watches, etc. and wear proper clothing.
Injuries or discomfort caused by improper use of harness.	Have harnesses checked by two different staff members.
Scrapes, cuts, and/or splinters.	Climb within abilities. Wear proper clothing.
Serious injury and/or death.	Wear proper safety gear. Make sure belayer is ready before you climb.

I, _____ (Parent/Guardian's name), have read the above and fully understand the rigorous nature of the Challenge Course experience and the risks associated with it. I also realize that additional risks and/or dangers not outlined above may exist.

(Camper's Name) _____ has my permission to attend Adventure Camp. I recognize that camp personnel will be administering any medications described in the Physician's Statement. Camp personnel may communicate with the physician with regard to this medication. For the best interest of my child, a copy of this Medical Information and Release Form will be provided to his/her assigned counselor. Relevant information will be communicated on a need to know basis, ensuring strict confidentiality of any sensitive information.

(Camper's Name) _____ is in good health, however, in case of a medical or surgical emergency, I hereby authorize the physician selected by the Camp to secure all proper and required treatment for my child. All expenses for treating my child shall be paid for by the parent or guardian. If my son/daughter must be removed from the Camp for disciplinary reasons or illness, it will be my responsibility to arrange transportation home for him/her.

★ Signature: _____ Date: _____
(Parent/Guardian)

PHOTO RELEASE

The undersigned grants to the nonprofit organization, Coloma Outdoor Discovery School, its successors and assigns, the right to use and publish for educational or promotional purposes, photographic likenesses or pictures of

_____,
Camper's Name

He/She may be included in the photographic likenesses or pictures in whole or in part, or reproductions thereof, or in color or otherwise, made through any medium. Adventure Camp will not use the child's name in any photographic likenesses or pictures.

Signature: _____ Date: _____
(Parent/Guardian)

Please fax or mail to: (530) 621-4960, Attn. Kindra, PO Box 484, Coloma, CA 95613
Campers must be sent with ALL medications; a Dr.'s signature is required for medication to be administered.