



2011 Outdoor Adventure Camp Registration

Please return by June 1st

Child's name: _____ Birthdate: _____ Grade next Sept.: _____

Enrollment Date(s): _____ or circle Weeks: #1: 7/11-15

#2: 7/18-22

Parent/Guardian: _____

#3: 7/25-29

#4: 8/1-5

Home Address: _____

#5: 8/8-12

#6: 8/15-19

Vacation Address: _____ Email: _____

Home Phone: (____) _____ Work/Vacation: (____) _____ Cell: (____) _____

Emergency contact: _____

Address: _____ Telephone: (____) _____

2nd Emergency contact: _____

Address: _____ Telephone: (____) _____

Where did you receive your information about this camp? _____

Health and Safety Information

Please check or explain:

Frequent ear infections

Asthma

Other _____

Past operations or serious injury: _____

Behavioral concerns: _____

Current medications: _____

(medications cannot be administered by camp staff)

Physical or activity restrictions: _____

Allergies:

Hay fever

Ivy Poisoning

Insect Stings

Drug allergies: _____

Food or other allergies (specify): _____

Family Physician: _____

Telephone: (____) _____

Parent/Guardian Signature: _____

Please mail or email completed form (2 pages) to: Outdoor Adventure Camp, 5092 Access Road, Carrabassett Valley, Maine 04947; mwhite@sugarloaf.com. No deposit is required with registration form.

Acknowledgment and Acceptance of Risks and Liability Release

All forms of summer camp activities such as, but not limited to, hiking, biking, swimming, wall climbing, tennis, field games, activities, and traveling in camp related vehicles have inherent risks and can be hazardous. Our staff is trained in First Aid, CPR, and dealing with emergency situations and will strive to safeguard your child's physical and psychological well being at all times.

As the parent or guardian of the minor child named below, I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the actions of the minor child enrolled in this summer camp program. As a condition of being permitted to enroll my child in this program and to use the Town of Carrabassett Valley and Sugarloaf premises, I agree to release, hold harmless, and indemnify The Town of Carrabassett Valley, Sugarloaf, their owners, agents, staff, or land owners as I freely accept all risks of injury, death, or property damage occurring thereon as a result of the minor child's participation in the summer camp program.

I further agree that any claim that I may at any time bring, for any reason, against any of the above named, shall be submitted to the jurisdiction of the State or Federal Court in the State of Maine and no other jurisdiction, and shall be governed by the laws of that state.

As a parent or guardian of the participant, I acknowledge that I am authorized to sign this Agreement for the minor child named below. I agree to be bound by the Acknowledgment and Acceptance of Risks and Liability Release and hereby indemnify the above named parties for awards, legal expenses, and settlements arising out of my minor child's participation in the activities of summer camp.

In the event of an emergency, I understand that the camp will do all in their power to reach me and/or the emergency contacts I have provided. In the event that I cannot be located immediately, my signing below authorizes the summer camp staff to procure emergency medical attention for the child named below.

Child's name: _____ **Date:** _____

We often take photographs of Camp activities that may be used for newspaper articles, to share with parents, and in marketing campaigns. Please initial here if you object to your child's picture being taken and shared in this way. _____

Parent/Guardian Signature: _____

Parent/Guardian name printed: _____