



Wild Adventure Camp Intake Form and Medical Release

Emergency Information

Camper's First and Last Name: _____ Birthdate: _____
Camper's Preferred Name/Nickname _____
Sibling(s) attending? Y__N__ Name(s): _____
Parent or Guardian Name(s): _____
Best phone to call during camp day: _____ ok to text? __Y__N
Next best phone to call during camp day: _____ ok to text? __Y__N
In an emergency, parent/guardians would be called first. If we are unable to reach parent/guardian in case of an emergency who should we call?(please list someone local)
Name _____ Phone _____
Insurance Provider _____ Policy No. _____

Medical Emergency Waiver

In participating in programs ran by Wild Adventure Camp, LLC, I hereby acknowledge that I am the legal guardian for the above named participant. I understand there are risks of accidents, resulting in bodily harm to my child named above, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled them. However, I hereby waive all claims, which I might have against Wild Adventure Camp, LLC, or any of its employees by reason of bodily injuries or death, that my child might suffer arising out of their participation. In case of emergency, accident, or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, and loss of personal property, incurred in my child's behalf. There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events. Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

Signature of Parent/Guardian: _____ Date _____

Important Info about your child:

What gender pronoun does your child use? __She/her __He/him __They/Them Other: _____

Child's Shoe Size: _____ T-shirt size: _____

Swimming Skill Level: __none __basic __good __excellent (see below)

None- anything below basic

Basic-requires life jacket, knows to close mouth in water

Good- does not need life jacket, can hold breath underwater, can tread water

Excellent- can or has passed life guard test: Can swim un aided, non-stop 100 meters

My child is Excited about: _____

My child feels nervous about: _____

When your child gets nervous or upset how do they typically display these emotions? _____

What are helpful/successful strategies to calm your child? _____

As a parent, I hope that at camp my child: _____

Are there any special accomodations or health considerations that staff should be aware of? Please describe. _____

Allergies: _____
Procedure In case of exposure or allergic reaction: _____

Does your child currently take medication during camp hours? Y N
Please describe dosage
instructions: _____

Please bring medication in original packaging, placed in a zip lock bag with child's full name on bag.

Photo Release Waiver

Permission to Use Photograph/Video

I grant Wild Adventure Camp, LLC the opportunity to take photographs or video of my child. I authorize Wild Adventure Camp, LLC; to copyright, use and publish the same in print and/or electronically.

I agree that Wild Adventure Camp, LLC may use such photographs or video of my child with or without his or her name for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Print Name of Camper: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Just For Fun

Have camper answer these questions

Do you have a pet? Y N Type? _____ Name? _____

What is your favorite dessert? _____

What is your favorite lunch? _____

What is your favorite breakfast cereal? _____

What is your favorite Vegetable? _____

What is your favorite animal? _____

What is the coolest treasure you have ever found? _____

What is your favorite tool to use? _____

What is the last thing you did for the first time? _____

What did you just learn how to do? _____

What is your favorite game? _____

Where were you born? _____

Special bit of info about you: _____