

# Camper Information Form & Waiver 2018

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*Please read and complete the following information.  
ONE form per Child*

**Child Name (Required):** \_\_\_\_\_

**Birth Date (Required):** \_\_\_\_\_

**Age (Required):** \_\_\_\_\_

**Parent/Guardian Name(s) (Required):** \_\_\_\_\_

**Home Address (Required):**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Primary Phone (Required):** (       )       - \_\_\_\_\_

**Secondary Phone (Required):** (       )       - \_\_\_\_\_

**Email Address (Required):** \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

In the space below, please list any and all medical conditions and/or limitations that we should be aware of in order to accommodate the above participant's needs & ensure his/her safety. This includes, but is not limited to: allergies, behavioral issues, recent illnesses/hospitalizations, physical impairments & medications. It is best to include anything you would want an emergency medical worker to know if we have an emergency while your child(ren) are in our care. If there are none, please write "NONE" below. If more space is needed, please attach additional pages.

**Allergies/Limitations:** \_\_\_\_\_

The Waterville Valley Recreation Department encourages everyone to participate in our programs. If your child has an individualized need due to a disability and may require a reasonable accommodation, in accordance with the Americans with Disabilities Act, to successfully participate, please indicate by checking the box below. Two weeks notice is needed to ensure appropriate accommodations can be provided.

**CheckBox List (Required - Select at least one option):**

- ☐ Yes, I would like to be contacted by WVRD Staff regarding my child's needs.
- ☐ No, thank you.

### EMERGENCY CONTACT INFORMATION

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In the event of an emergency/illness, we will first contact parent/guardian listed above. In a situation in which we cannot reach the parent/guardian, we will call the following contacts, in order, as listed below.

**Name (Required):** \_\_\_\_\_

**Relation (Required):** \_\_\_\_\_

**Primary Phone (Required):** (       ) - \_\_\_\_\_

**Secondary Phone:** (       ) - \_\_\_\_\_

**Name (Required):** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Primary Phone (Required):** (       ) - \_\_\_\_\_

**Secondary Phone:** (       ) - \_\_\_\_\_

## ASSUMPTION OF RISK \* WAIVE ALL CLAIMS \* RELEASE WAIVER

I, the undersigned (as per my signature below) by registering, myself or my child, or my ward in the named program on this registration form, understand the nature and risk associated with participation in this activity. I hereby grant my child, or my ward permission to participate. I am aware that the activity, equipment and facilities may pose significant risk of injury. I am also aware that each participant is responsible for their own safety. I hereby grant for myself, my heirs executors, or administrators; waive and release any and all claims of damage we ever had, or now have, against the Town of Waterville Valley, it's successors and assigns, employees, agents and representatives for any and all kinds of injury, including nut not limited to personal and/or property damage suffered by my child, or myself, while participating in the activity.

I understand that, in case of injury or illness, the Town of Waterville Valley Recreation Department will attempt to contact the person(s) identified as "Emergency Contact". In the event of a medical emergency, I consent to the participant's treatment by medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility.

I, the undersigned (as per my signature below), by registering myself or my child in any Waterville Valley Recreation Department programs, agree to all publications of any photos taken of myself or my child at any program, event or facility of the Town of Waterville Valley Recreation Department.

**SIGNATURE OF PARENT/GUARDIAN (Required):** \_\_\_\_\_

**PRINTED NAME (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_

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**Participant free to leave the Recreation Department with out an adult (Required):**

*(Select only one option)*

- ☐ YES
- ☐ NO
- ☐ ONLY WITH SIBLING

**INITIAL (Required):** \_\_\_\_\_

**\* YOU MUST SUPPLY YOUR CHILD WITH SUNSCREEN EVERYDAY!**

Please write your child's name on the sunscreen bottle.

The Recreation Department will not provide sunscreen to campers due to allergies & preferences in applying.

**Do you give your permission for our staff to assist your child in applying sunscreen and/or insect repellent? (Required):**

*(Select only one option)*

- ☐ YES
- ☐ NO

**INITIAL (Required):** \_\_\_\_\_

**I give permission for photos or video to be taken of my child during summer camp for the purpose of flyers, website, Facebook, etc (Required):**

*(Select only one option)*

- ☐ YES
- ☐ NO