



# CAMPER INFORMATION FORM

Camper's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please list yourself first.

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

3<sup>rd</sup> Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please list the primary insurance holder for this camper: \_\_\_\_\_

\_\_\_\_ I give my permission for all emergency contacts to have permission for pick up. **Please initial.**

## Camper Release

Our camper check-in/check-out policy will only allow us to release your camper to guardian designated individuals. We may require ID to verify identification. **We will not release campers to individuals not indicated.** Please use the space below to list **additional individuals with permission** to pick up your camper.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Sunscreen and Bug Repellent

My camper is allowed to self-apply sun block  Yes  No

My camper is allowed to self-apply bug repellent  Yes  No

\_\_\_\_ I understand that it is my responsibility to apply and/or provide my camper with both sunscreen and/or bug repellent if I desire them to have it. The GTCDD staff will not supply or administer sunscreen or bug repellent for any camper. **Please initial.**



## MEDICAL INFORMATION

Does your camper have:

1. Food allergies (peanuts, dairy, etc.)?  Yes  No

If yes, please list: \_\_\_\_\_

2. Allergies to medications (Benadryl, latex, etc.)?  Yes  No

If yes, please list: \_\_\_\_\_

3. Environmental allergies (bugs, plants, etc.)?  Yes  No

If yes, please list: \_\_\_\_\_

4. An Epi Pen they carry?  Yes  No

If yes, please explain why: \_\_\_\_\_

5. Any physical restrictions our staff should be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

6. Any medical conditions (asthma, etc.) our staff should be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

7. Any medications that they will be responsible for during camp?  Yes  No

If yes, please list: \_\_\_\_\_

Is there any additional information about your camper we should be aware of?

If yes, please list: \_\_\_\_\_

Is your child up-to-date on current vaccinations?  Yes  No

\_\_\_\_\_ I give my permission to GTCD staff to administer first aid to my child, or to seek medical treatment for my child, if the need arises. **Please initial.**

## MEDIA WAIVER

Your consent is requested for the Grand Traverse Conservation District to take photographs, videos or audio recordings of your child. Consent will authorize the staff to copyright and use, reuse, publish and republish photographs, videos and audio recordings of your child and to use them with or without your child's name for any lawful purpose, such as publicity, illustration, advertising and online content. **Please initial below.**

\_\_\_\_\_ I give my consent    \_\_\_\_\_ I DO NOT give my consent

## CONSENT

I certify that all the information I *listed above* is true and *correct* to the *best of my* knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Print) (Signature) (Date)



## Grand Traverse Conservation District Waiver

Grand Traverse Conservation District staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include: hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as camp cooking, canoeing/kayaking, and being near program animals (such as turtles, frogs, and raptors). The camp blog, brochure, or information packet will inform you of special activities that may also include, but are not limited to: traveling in Grand Traverse Conservation District - owned or -leased vehicles, using camp stoves or open campfires, using scissors or other small hand tools, swimming, backpacking, and using a ropes challenge course that may include both high and low elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless the Grand Traverse Conservation District, and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Grand Traverse Conservation District program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Grand Traverse Conservation District program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Grand Traverse Conservation District programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Grand Traverse Conservation District program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate, as described in the registration packer or camp blog, brochure, or website.

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Parent or legal guardian full name (Print)

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(Signature)

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(Date)