



February Camp Registration Form

PO Box 381, Mount Desert, ME 04660 Phone: (207) 244-0365 Fax: (207) 244-3355



Welcome to our winter vacation camp! A two-day camp on February 17th and 18th, 9 am-4 pm.

Please note that we will be doing our best to incorporate outdoor activities throughout the day. It is very important that campers come prepared to be outside (warm coat, hat, gloves, boots, snow pants, etc). It is a long day, so also please bring extra clothes for inside (pants, sweatshirt, socks, shoes, etc).

Part I: Registration

Registration for Day 1, Wednesday, February 17th Day 2, Thursday, February 18th

Part II: General Information of Camper (Please print clearly)

Full Name: _____ Male Female Age: _____ Birth Date: _____ Grade: _____

Participant &/or Parent/Guardian information (if participant is under 18 years of age)

Parent/Guardian Name: _____
Street address: _____ Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone _____ Work Phone _____ email: _____

Part III: Payment

Payment Method: Cash Check Credit Card Total Amount Paid: _____

For Credit Card: Card # _____ Exp Date: _____

Name on card _____ Authorization Signature: _____

Part III: Emergency Contact Information

Primary contact in the event of an emergency: Name _____ Relation _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Emergency Contact: Name _____ Relation _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Part IV: Medical Coverage & History

Does the participant have health/accident insurance? Yes No If no, your signature on this form indicates that you will pay for any and all medical claims related to participation in the programs you have registered for at Camp Beech Cliff.

Name of insured's insurance company: _____

Name of family physician and/or health care center _____ State _____

If participant is a minor, please have a parent/guardian fill out this section. Thank You!

Please check all YES boxes that apply, as well as all of the NO boxes that apply, to participant. Does the participant have or has he or she experienced any of the following problems, yes or no?

NO YES

- Problem with hearing – require a hearing aid
- Dizzy spells, fainting, convulsions
- Shortness of breath, asthma
- Chest pains on exertion
- Palpitation of the heart, irregular heartbeat, heart murmurs
- Low or high blood pressure
- Heart attack
- Hernia
- Chronic pain in the neck, back, shoulders, arms or legs
- Joint pains, swelling or stiffness without injury

NO YES

- Any severe injury to the head, chest, internal organs
- Any surgeries
- Severe illness requiring hospitalization or incapacitation
- Episodes of depression, anxiety, hysteria, nervousness
- History of diabetes, thyroid trouble, bleeding problems
- Currently on any medications? Please list them here or on a separate page.
- Special dietary restrictions
- Hypoglycemia
- Broken bones, dislocations, sprains, weakness of muscles

Continue on other side please. Thank you.

If you marked **YES** to any of the above items, please list details below. Please be specific and include dates, names of meds, history, and current condition, etc. Add an additional page if necessary.

Is participant **allergic** to any of the following?

- Yes No Medications (example: penicillin, aspirin, sulfa drugs, etc.) _____
- Yes No Insect bites (example: bee stings, etc.) _____
- Yes No Others (example: odors, foods, materials, etc.) _____

If yes, what is the nature of the reaction? _____

Yes No Are there any conditions that might affect the participants safe participation in this program? If yes, please specify:

Part V: Informed Consent & Release of Liability

Camp programs often involve physically and emotionally demanding activities in an outdoor and sometimes indoor setting. It is required that you read the following very carefully, make sure you understand it, and sign it before you or your child begin participating in the program. Please contact us if you have any questions. Thank You.

I AM FULLY AWARE THAT THE PROGRAMS THAT I AM CHOOSING TO PARTICIPATE IN MAY INCLUDE RIGOROUS PHYSICAL ACTIVITIES, SUCH AS (BUT NOT LIMITED TO) CLIMBING OR ROPES COURSES (ELEVATED OFF THE GROUND), HIKING, BOATING, CAMPING, OFF-SITE TRIPS, BEING A PASSENGER IN A VEHICLE, OR COOKING. I AM ALSO AWARE THAT THERE ARE RISKS OF SERIOUS PHYSICAL INJURY OR HARM FROM PARTICIPATING IN THESE PROGRAMS. I VOLUNTARILY ELECT TO PARTICIPATE IN THE PROGRAM AND TO ASSUME ALL RISKS OF INJURY OR HARM THAT COULD RESULT FROM PARTICIPATION. I UNDERSTAND THAT THE LEVEL OF PARTICIPATION IN THE PROGRAMS IS AT ALL TIMES COMPLETELY VOLUNTARY AND UP TO THE INDIVIDUAL'S CHOICE. I AGREE THAT I WILL NOT MAKE A CLAIM OR BRING SUIT AGAINST CAMP BEECH CLIFF, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS OR CONSULTANTS, REGARDING ANY INJURY OR DAMAGE I MAY INCUR WHILE PARTICIPATING IN THE PROGRAM OR USING THE FACILITIES, AND HEREBY RELEASE THE AFOREMENTIONED FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR HARM. I FURTHER AGREE TO DEFEND, HOLD HARMLESS AND INDEMNIFY THE AFOREMENTIONED FROM ANY AND ALL SUCH CLAIMS. I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY. I VOLUNTARILY SIGN IT. I HEREBY GIVE PERMISSION FOR THE LEADERS OF THE STATED PROGRAM AND ORGANIZATION TO ADMINISTER MEDICAL ASSISTANCE EQUIVALENT WITH THEIR STANDARD OF CARE AND/OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED. I AFFIRM THAT MY HEALTH IS GOOD, AND THAT I AM NOT UNDER A PHYSICIAN'S CARE FOR ANY UNDISCLOSED CONDITION THAT BEARS UPON MY FITNESS TO PARTICIPATE IN PROGRAMS HERE AT CAMP BEECH CLIFF.

X Participant's Signature _____ Date _____

X Parent Guardian _____ Date _____

By signing this form, as a legal guardian I am accepting the risks and responsibilities in relation to the above-stated material for this participant who is under 18 years of age.

Part VI: Photo Release

At Camp Beech Cliff, we frequently take photographs of participants in our programs. With your permission, these photographs help us design and produce brochures, posters, web updates and other marketing pieces that help us communicate "what people do" at Camp Beech Cliff. Would you be willing to let Camp Beech Cliff use a photograph of your child for marketing purposes? Please sign below if it is OK with you. We respectfully understand if you choose not to sign.

For good and valuable consideration, I hereby consent to and authorize the reproduction, publication, and use by Camp Beech Cliff and their successors and assigns, for advertising, commercial, and promotional use and any other purpose the photo, picture, or likeness of my child.

X Signature of Participant or Parent/Guardian: _____ Date: _____

Please return this completed form to Camp Beech Cliff as soon as possible. *Thank You!*