

**2024 CAMPER REGISTRATION & HEALTH FORM**

Name: \_\_\_\_\_ Date of Camp: **June 18<sup>th</sup>-22<sup>nd</sup>, 2024** Sex: (M/F) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year 2024 \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent /Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent /Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact other than parent/legal guardian:

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

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

**PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

**1. ACKNOWLEDGMENT OF INHERENT RISKS**

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities, including swimming. Further, in consideration for NMBC agreeing to accept the above-named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at NMBC.

**2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

**3. LIMITATIONS ON INSURANCE COVERAGE**

I understand that my family/personal health and accident insurance will be the primary coverage.

**4. RELEASE AND HOLD HARMLESS AGREEMENT**

I agree to release and hold harmless NMBC, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold NMBC, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at NMBC.

**5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the NMBC health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

**6. NON PRESCRIPTION MEDICATIONS**

I give my permission to the camp's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

**7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES**

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

**8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS**

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

**9. USE OF CHILD'S PHOTOGRAPH and ANY VIDEO FEATURING THE CHILD FOR PROMOTIONAL PURPOSES ON SOCIAL MEDIA**

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by NMBC.

**10. COVID-19 RELEASE AND HOLD HARMLESS AGREEMENT**

I understand that while NMBC Camp is taking reasonable measures to help prevent the spread of COVID-19 in any public space where people are present. I understand that it is my decision to allow the above-named camper to participant in camp given the risks associated with a summer camp environment. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless NMBC Camp and its trustees, employees, agents, and representatives form and against, all claims and liability resulting from exposure to disease causing organisms and contaminated objects, such as COVID-19, associated with attending and participating in camp at NMBC.

I acknowledge that I am the parent or authorized guardian of the above-named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

\_\_\_\_\_  
**PARENT/ GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**

Camper's Name: \_\_\_\_\_ Grade \_\_\_\_\_

**INSURANCE INFORMATION** (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: \_\_\_\_\_ Member ID \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group ID \_\_\_\_\_

Health Insurance Provider Phone Number(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL HEALTH INFORMATION** (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency:

\_\_\_\_\_

List any chronic or recurring illnesses or diseases: \_\_\_\_\_

\_\_\_\_\_

List any sensory processing disorders with known triggers such as "autism – loud noises cause meltdown, must go to quiet area to recover":

\_\_\_\_\_

\_\_\_\_\_

Special considerations: \_\_\_\_\_

\_\_\_\_\_

List any food, medicine, or other significant allergies:

\_\_\_\_\_

List any pre-existing injuries which occurred **BEFORE** attending camp: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot (you can write "current"): \_\_\_\_\_ (Attach current shot record - Optional)

What kind of swimmer is your camper (circle one):      Excellent      Good      Fair      Poor (needs life jacket)

**CAMPER MEDICAL HISTORY – To be completed by Parent.**

**Health History:** (check - giving approximate dates).

**Allergies**

**Diseases**

\_\_\_\_\_ Frequent Ear infections

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Heart Defect/Disease

\_\_\_\_\_ Poison Ivy, etc.

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Convulsions

\_\_\_\_\_ Insect Stings

\_\_\_\_\_ Measles

\_\_\_\_\_ Diabetes (onset)

\_\_\_\_\_ Penicillin

\_\_\_\_\_ German Measles

\_\_\_\_\_ Bleeding/Clotting Disorders

\_\_\_\_\_ Other Drugs

\_\_\_\_\_ Mumps

\_\_\_\_\_ Epilepsy (onset)

\_\_\_\_\_ Peanuts

\_\_\_\_\_ Asthma

\_\_\_\_\_ Tonsillitis

\_\_\_\_\_ Other Foods

\_\_\_\_\_ Strep Throat

**Other diseases or details of the above:** \_\_\_\_\_

\_\_\_\_\_ Mononucleosis

**Operations or serious injuries (dates):** \_\_\_\_\_

**Chronic or recurring illness or Special Needs:** \_\_\_\_\_

**(For Girls) Has this camper menstruated?** \_\_\_\_\_ **If no, has she been told about it?** \_\_\_\_\_ **If yes, is her menstrual history normal?** \_\_\_\_\_

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

\_\_\_\_\_

\_\_\_\_\_

