

## Registration and Medical Form for Family Camp

Please fill out one form per person. If the information is the same for all family members (address or emergency contact, for example), you only need to write it out once.

Dates of Family Camp: \_\_\_\_\_

Name(s) of Participant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Gender: M \_\_\_ F \_\_\_

What do you hope to gain from this trip?

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Briefly describe your kayaking and camping experience.

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Describe your level of swimming ability. Are you anxious or phobic regarding swimming?

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In case of an emergency, please contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please list any allergies to : Medicines: \_\_\_\_\_

Foods: \_\_\_\_\_ Materials: \_\_\_\_\_

Insects: \_\_\_\_\_ other allergens: \_\_\_\_\_

If yes to any of the above allergens, please describe your reaction and how you treat it

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Do you have a history of: Hypoglycemia \_\_\_\_ Diabetes \_\_\_\_ Heart Disease \_\_\_\_

High BP \_\_\_\_ Seizures \_\_\_\_ Seasickness \_\_\_\_ Poor Circulation \_\_\_\_

Shoulder problems \_\_\_\_ Back problems \_\_\_\_ Hip problems \_\_\_\_ Knee/Ankle injury \_\_\_\_

Sight/hearing problems \_\_\_\_

If yes to any of the above, have you been treated? Explain:

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Please list and explain any other physical disabilities or medical conditions you may currently have or have recently been treated for that Old Quarry should be aware of:

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Please list any prescription medications you will be taking during this trip and what they are used for:

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Is there anything else we should know about you (special diets, phobias, sensitivities, etc.)?

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Family Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**INSURANCE:** Each participant is strongly encouraged to be covered by his/her own health insurance. The camp does not provide sickness, health, or accident insurance.

Insurance Company: \_\_\_\_\_

Policy/Group No.: \_\_\_\_\_

Promotional Release:

I authorize the camp director and/or designated staff or subcontractors to use of any and all images and statements of/by/about the camper during any part of the camp experience for promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please inclose a \$100 nonrefundable deposit. The remaining balance can be paid on the first day of camp (checks please). If the weather is too dangerous to kayak (guide's discretion) the rescheduled date will be the following night.**

I certify by my signature below that the above information is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_