

Backpack Adventure Camp 2022

Please indicate which session(s) your child is registered for:

4-6 Year Old: ___ **June 27-July 1** | ___ **July 5-8** | ___ **July 11-15** | ___ **July 18-22** | ___ **July 25-29** | ___ **August 1-5**

7-11 Year Old: ___ **June 27-July 1** | ___ **July 5-8** | ___ **July 11-15** | ___ **July 18-22** | ___ **July 25-29** | ___ **August 1-5**

Name of Child

Age at start of class

Birthdate

Address

Email

Parent/Guardian (any guardian who drops off or picks up child must be listed)

A.

Name

Phone Number at which we can contact you during class hours

B.

Name

Phone Number at which we can contact you during class hours

Emergency Contact - The person to be notified in an emergency when parent/guardian cannot be reached.

___ Yes ___ No This person is authorized to pick up the child

Name

Phone Number at which we can contact you during class hours

Physician

Name

Phone Number

(See Reverse Side)
HEALTH HISTORY AND CARE PLAN

Check any special condition that your child may have:

- No specific condition Any special needs including Cognitively Disabled, LD, ADD, ADHD, or Autism
(if your child needs an adult assistant to meet his/her needs at camp, please make arrangements before camp begins, and communicate this to staff in advance)
- Asthma Allergies
- Diabetes Other:

In regard to the condition listed above, what are triggers that may cause problems; signs or symptoms to watch for – Specify.

In the event of symptom, identify the steps the counselor should follow. (In general, medications will not be administered by Ridges staff . Staff will utilize EpiPen or asthma inhaler if indicated on this form. Contact Lori Kemmler if other medication is required: 920-839-2802.)

When to call parents regarding symptoms:

When to consider emergency medical care:

Photo Release

I grant to The Ridges Sanctuary, its representatives and employees, the right to take photographs of my child in connection with Backpack Adventure Camp. I authorize The Ridges Sanctuary to use and publish the same in print and/or electronically. I agree that The Ridges Sanctuary may use such photographs of my child with or without my name for any lawful purpose, including for example, such as publicity, illustration, advertising, and Web content.

Printed Parent Name

Signature of Parent

Date

****Please include immunization forms with submission of this form.***