



## APPLE BLOSSOM VILLAGE SUMMER CAMP

690 Allegheny Road, Mt. Bethel, PA 18343

Phone (570) 897-5900

Email: [abvsummercamp@gmail.com](mailto:abvsummercamp@gmail.com)

Online: [www.VisitAppleBlossomVillage.com](http://www.VisitAppleBlossomVillage.com)

### MEDICAL INFORMATION AND AUTHORIZATION

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

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact (Other than parent/guardian)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Health History** (Please check all that apply)

Anemia

Diabetes

Other (List Below)

Asthma  Heart Condition \_\_\_\_\_

High Blood Pressure  Seizure Disorder \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

List any recurring problems, either physical or emotional

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to food, drug or insect stings (if none, write none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notification: Do you wish to be notified during camp hours for minor injury (ie. Scrapes, non-allergenic bee stings, bloody nose)  YES  NO

Child Participants Name

\_\_\_\_\_

**MEDICAL CONTACTS**

Family Physician \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Do you carry family medical/ hospital insurance?  YES  NO

If yes, please indicate: Carrier \_\_\_\_\_

Group # \_\_\_\_\_

Individual/ Agreement # \_\_\_\_\_

**RELEASE/CONSENT FORM**

Please read this form carefully and be aware in registering your minor child for participation in the program or programs listed above you will be waiving and releasing all claims for injuries your child might sustain arising from our program.

Apple Blossom Village is committed to conducting its program and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in camps and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Apple Blossom Village strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant’s safety.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Liability & Permission to Secure Treatment**

We believe that capturing memorable moments of your child’s camp experience can be a valuable part of their journey, therefore, I understand that photos will be taken during the summer camp activities. Apple Blossom Village may use these photos for promotional purposes, I release Apple Blossom Village from any liability or claims related to the use of these photos. I acknowledge that Apple Blossom Village has the right to use, edit, reproduce, or distribute the photos without further notice or compensation. By signing this form, I confirm that I have read and understand the photo policy and release Apple Blossom Village from any responsibility for the actions of other participants or third parties who may use the photos.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity, which my minor child may sustain as a result of participating in any and all activities, connected with or associated with such programs.

I agree to waive and relinquish all claims my minor child may have against Apple Blossom Village and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge Apple Blossom Village and its officers, agents, volunteers and employees from any and all claims form injury, damage or loss with the activities of the program.

I further agree to indemnify and hold harmless and defend Apple Blossom Village and its officers, agents, and employees from any and all claims resulting from injuries, damages, and losses sustained by my minor child arising out of, connected with or in any way associated with the activities of the program.

In the event of any emergency, I authorize Apple Blossom Village to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for my minor child immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_