



OUTDOOR ADVENTURE KIDS

Participant Information Form

Student: _____ Age: _____

G.R.I.T. Growth, Resilience, Integrity & Teamwork

Woven into the framework of all our camp sessions, participants will work towards their personal **Growth** through goal setting. They will discover their **Resilience** by being challenged. They will be held to a high standard of **Integrity** both in their honesty with themselves and their effort as well as how they interact with their teammates. Lastly, participants will experience the potential of **Teamwork** and how having a community/team not only helps to challenge us to reach our goal but provides connection and security.

All campers must agree to participate with these Core Values in mind while respecting the coach's expectations and the individual abilities of other campers. Campers who cannot remain respectful to coaching staff and campers and/or do not respect the reasonable wishes of coaching staff during a session, will be removed from camp without a refund.

I have read and understand the above statement.

Participant Signature

Date

Parent Signature

Date

Medical Information

Parent Contact (Emergency Contacts)

1st _____ Relationship Mother Father Step Parent
PHONE # _____

2nd _____ Relationship Mother Father Step Parent
PHONE# _____

E-Mail
Address _____

Father Step-Father
Mother Step-Mother

Medical Information
Date of Last DPT _____

Current Medication: _____

Medical History (Background information)

Physician _____ Contact # _____

Insurance Information (required participating)

Policy # _____ Group # _____

Authorization: I authorize the camp's representative to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person liable while he/she is acting in the best interest of my child.

Signature: _____ Date: _____