

Mountwood Adventure Camp Registration Form

Please complete and return to Friends of Mountwood Park, P.O. Box 2094, Parkersburg, WV, 26102. Enclose a check for \$50.00 made out to The Friends of Mountwood Park (\$40.00 Friends Members) Scholarships are available.

Only 20 spots are open. Camp is July 22-26, ages 9-12. Camp is from 9AM-12PM.

Child's name _____
Home address _____
Age _____

T-shirt Size Youth S-M-L or Adult size S-M-L-XL (please circle choice)

Parent or Guardian's Names _____
Address _____
Employer and phone _____
Contact Phone _____ Cell Phone _____
E-mail address _____

Emergency information and medical information:

Allergies (include foods) _____

In case of emergency please contact _____

Physician _____

Dentist _____

If mother, father, or guardian cannot be reached in case of an emergency please call

Name _____

Phone _____

Liability Release: By signing this form, I acknowledge that I am aware that this is an adventure camp and accidents can happen, and I do on the behalf of my child voluntarily agree to RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND IDEMNIFY Mountwood Park, The Friends of Mountwood Park, the camp staff, or any participating agencies or individuals from any and all claims, actions, losses or injury which may arise out of their participation in these activities. Also, by signing this release I agree that my child's picture can be used in any press releases, publications, or Facebook postings.

Signature of Parent or Guardian _____

