

GENERAL INFORMATION FORM

Applicant Information

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ DOB: ___/___/___ Age: _____

City: _____ State: _____ Zip Code: _____

Gender: (M/F) _____ Height: ___ (ft.) ___ (in.) Weight: _____ (lbs.)

How many year(s) have you attended Camp? _____

Parent/Guardian and Emergency Contacts

All contacts will start with the "Primary Contact." List only persons that a Cadet could be release to if required. A Parent/Guardian must be available at all times to take custody of the Cadet within three hours if the need arises.

Parent/Guardian Contact:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Phone Number: _____ - _____ - _____
(Primary) (Secondary) (Other)

Home Address: _____

Email Address: _____

Emergency Contact One:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Phone Number: _____ - _____ - _____
(Primary) (Secondary) (Other)

Emergency Contact Two:

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

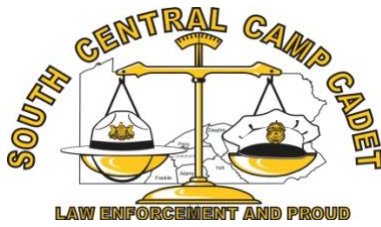
Phone Number: _____ - _____ - _____
(Primary) (Secondary) (Other)

Camp Cadet is operated under a semi-military atmosphere. You will be required to obey all rules, show respect to counselors, and participate in all activities. The rules will be explained fully at orientation.

Do you agree to abide by the rules and adhere to military discipline? (Yes/No) _____

(Applicant's Signature)

_____/_____/_____
(Date)



CADET INSURANCE INFORMATION FORM

Health Insurance Company Name: _____

Insurance Company's Address: _____

Insurance Policy Number: _____

Cadet's Name: _____

Cadet's Address: _____

Insured's Name: _____

Insured's Address: _____

Signature of Parent/Guardian: _____

PARENT/GUARDIAN APPROVAL FORM

I HEREBY VOLUNTARILY WAIVE ANY CLAIM AGAINST SOUTHCENTRAL CAMP CADET, INC., THE CAMP CADET BOARD OF DIRECTORS, CAMP CADET COUNSELORS, CAMP CADET JUNIOR COUNSELORS, AND/OR CAMP CADET INSTRUCTORS/PRESENTERS FOR ANY AND ALL CAUSES WHICH MAY ARISE IN CONNECTION WITH THE PARTICIPATION OF _____
(CADET'S NAME)
IN THE CAMP CADET PROGRAM.

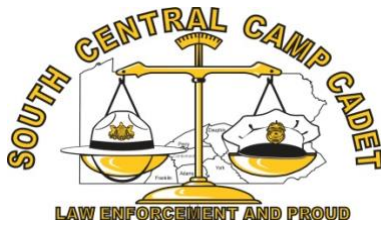
(DATE)

(SIGNATURE OF PARENT/GUARDIAN)

IN THE EVENT OF AN EMERGENCY AND A PARENT/GUARDIAN CANNOT BE REACHED, I GIVE MY PERMISSION TO THE PHYSICIAN AND/OR HOSPITAL SELECTED BY THE CAMP ADMINISTRATION TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, TO ORDER INJECTOIN, ANESTHESIA OR SURGERY, OR ANY OTHER EMERGENCY TREATMENT NECESSARY FOR MY CHILD NAMED ON THIS FORM.

(DATE)

(SIGNATURE OF PARENT/GUARDIAN)



PHOTO/VIDEO RELEASE FORM

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use of his/her likeness for the publication, and for the broadcast of photographs or video/film in any or all **Southcentral Camp Cadet, Inc.**, (hereinafter "**Camp Cadet**") publications, periodicals, advertisements, purposes, or for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **Camp Cadet** to insure confidentiality, I knowingly and voluntarily, and for my heirs and administrators, do, release **Camp Cadet**, its Directors, Officers, Agents, Employees, and Members from any or all liability of every nature, and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts.

I hereby state that I understand the content and effect of this Release:

Cadet's Name: _____

Parent/Guardian Information: _____

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP CONSENT FORM

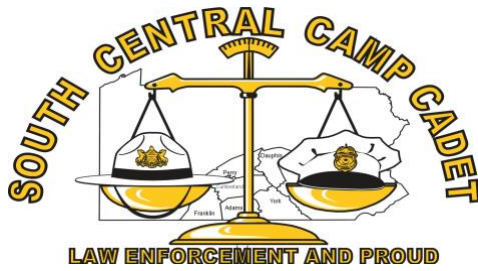
This is to grant permission for _____
(Cadet's Name)
to attend the field trip to Carlisle, Pennsylvania, and Hershey, Pennsylvania, on a specified day during the Camp Cadet week.

It is understood that Southcentral Camp Cadet, Inc., Staff will exercise reasonable caution in conducting or participating in the event and agree that they will not be held liable for any accident that may occur beyond that which is covered by Southcentral Camp Cadet, Inc., insurance. In the event of a medical emergency, I grant permission for treatment to be given by qualified medical personnel.

Signature of Cadet: _____

Signature of Parent/Guardian: _____

Date: _____



MEDICAL EXAMINATION FORM

NOTE TO ATTENDING PHYSICIAN: The youth you are examining wishes to participate in the Camp Cadet Program. It is essential that he/she be in good health and able to participate in strenuous activities. Your cooperation in conducting a thorough examination is appreciated.

Cadet's Name: _____

Height: _____ Weight: _____ Age: _____

Is the heart normal? _____ Lungs? _____

Are the following satisfactory: Any skin disorders? _____

Any hernias? _____

Any other abnormalities? _____

Any behavioral/psychiatric disorders? _____

Is this youth properly immunized? _____ Date of last tetanus booster? _____

Is this youth, to the best of your knowledge, free from any communicable diseases? _____

Is this youth, to the best of your knowledge, free from behavioral conditions which would interfere with camp performance? _____

From your examination, and from the youth's health history, do you find this youth fit for all camp activities? _____

Does this youth have any medical problems/disorders we should be aware of? _____

Any routine medications? _____ Yes _____ No

Name of medication: _____ Dosage: _____ Frequency: _____

Reason for use: _____

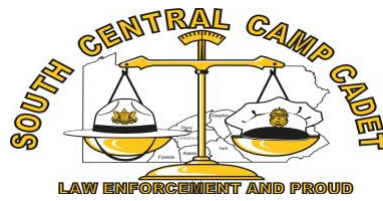
Comments or Suggestions: _____

(Date)

(Signature of Examining Physician)

(Printed Name of Examining Physician)

_____ Platoon
(For Administrative use only)



Medication Administration Authorization Form

Cadet Name: _____
(Last) (First) (MI)

Medication Allergies: No _____ Yes: _____

If Yes, give name of medication(s): _____

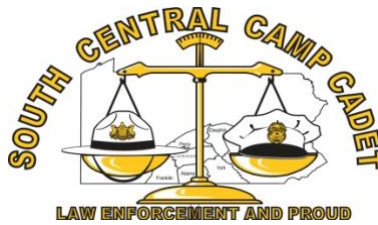
Describe reaction: _____

Please check "Yes" to authorize camp nurse/staff to give your child the following medications while on campus. Over-the-counter (OTC) medications are dispensed per package directions unless written directives are provided by a physician.

OTC medication dispensed per package instructions:	Indications:	Yes
Acetaminophen (Tylenol)	Pain reliever/fever reducer	
Ibuprophen (Advil)	Pain reliever/fever reducer	
Diphenhydramine (Benadryl)	Hay fever or upper respiratory allergies	
Claritin	Hay fever or upper respiratory allergies	
Calcium Carbonate (Tums)	Stomach pain	
Cough drops or throat lozenges	Cough/throat irritation	
Eye drops	Eye irritation	
Loperamide (Imodium)	Diarrhea	

I give permission for the medication(s) listed above to be administered to my child at the Nurse's discretion or dispensed by designated personnel as delegated by the Camp Nurse. I further give permission for physician-prescribed medications provided by the parent/guardian to be administered according to written directives provided by the physician.

Parent/Guardian Signature: _____ Date: _____



ITEMS TO BRING TO CAMP

The following is a list of items you will need to bring with you to camp. Please be sure to double check prior to leaving your home that you have the listed items. **Please label or initial all your property.**

CHECK LIST

<input checked="" type="checkbox"/>	<u>ITEM</u>	<u>DETAILS</u>
	Sleeping Bag	
	Pillow	
	Sheet to cover mattress	Twin bed
	Beach Towel	Used for pool
	Underwear	Bring plenty for the entire week
	Socks	Bring plenty of athletic socks for the entire week
	Gym Clothing	2-3 sets
	Sneakers	Two pairs
	Shower Shoes (flip flops)	One pair
	Swimsuit	Girls: one-piece only Boys: shorts of any material
	Sweat Shirts / Sweat Pants	
	Sleepwear	
	Bath Towels / Washcloths	Bring plenty for the entire week
	Laundry Bag	Cloth or Mesh
	Bathroom Bag	To hold daily hygiene products (showers are required daily)
	Soap / Shampoo	
	Comb / Brush	
	Deodorant	
	Toothbrush / Toothpaste	
	Spray on Sunscreen	
	Bug Repellent	
	Rain Gear / Poncho	
	Box / Window Fan	
Junior Counselors are permitted to bring an alarm clock and a wristwatch		

The following items are "NOT PERMITTED" at camp:

Money; Wallets or Purses; Drugs or Tobacco Products; Knives or Firearms; Cell Phones, Tablets, or Electronic Devices of any Form; Jewelry, including Watches and Earrings; Perfume; Cosmetics; Low Rise or Short Shorts; Cutoff / Midriff bearing T-shirts; Clothing Items Deemed Profane or Disrespectful; Food Items, including Gum and Candy; Books and Magazines.

All personal items will be inspected at check-in. South Central Camp Cadet reserves the right to confiscate any items which are deemed to be dangerous or inappropriate, or inconsistent with the ideals of the program.

South Central Camp Cadet reserves the right to dismiss any person who violates any of the rules and regulations set forth by the camp. Transportation to and from the camp will be the sole responsibility of the parent or guardian.

**ROPES AND CHALLENGE COURSE
RELEASE AGREEMENT**

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that my participation in the *Ropes Course* is based on a philosophy of "Challenge by Choice", which means that my or my minor child's participation, and level of challenge in any activity is purely voluntary. I further understand that Team Building, High and Low Ropes, Zip Lines and other climbing related activities as well as the use of kayaks and canoes, contain inherent risks that could lead to permanent serious injury or death. These risks could include, but are not limited to: falling to the ground, falling onto other participants, collisions with equipment or objects, being hit by falling objects, water related hazards, and natural environmental risks. I further understand, acknowledge, and agree that while instruction, rules, equipment, and personal discipline may reduce these risks; the possibility of injury still exist.

Ropes Course activities can be strenuous and may offer exercise different than some participants are used to. Roundtop Mountain Resort does not want you to engage in activities that could be detrimental to your health. Therefore we request that you inform your facilitator the day of the event if you or your minor child has any medical issues we should be aware of. I.E. if you are pregnant, have allergic reactions to bee/wasp stings, have asthma, diabetes, or musculoskeletal injuries.

Please list any medical or health concern that might effect my or my child's participation in *Ropes Course* activities:

Anaphylaxis: _____

Other: _____

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE ACTIVITY, I AGREE TO EXPRESSLY AND VOLUNTARILY ACCEPT AND ASSUME FOR MYSELF AND/OR MY MINOR CHILD, ALL OF THE RISKS INVOLVED WITH THE USE OF THE FACILITIES.

RELEASE FROM LIABILITY

In consideration of being allowed to participate, I HEREBY AGREE NOT TO SUE, AND TO RELEASE, SKI ROUNDTOP OPERATING CORP., AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, PROPERTY LOSS OR ANY CLAIM OTHERWISE RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE OR IMPROPER CONDUCT ON THE PART OF THE SAME. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM FOR LIABILITY RELATED TO INJURY AS A RESULT OF MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.

I agree to report all injuries to a *Ropes Course* facilitator or other *Ropes Course* staff member before leaving the area.

I further agree that I am granting Roundtop Mountain Resort permission to use my or my minor child's photograph, videotape, motion picture or any other record of my or my minor child's use of its facilities for legitimate business purposes.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Print Name of Participant

Signature of Participant

Date

Signature of Parent or Guardian (if under 18)

Date

(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

E-mail Address