



Camper Name _____ M/F _____ Age _____

Address _____

City _____ Zip Code _____ DOB _____

Campers school _____ Grade level Fall '21 _____

Father Name _____ Cell _____

Mother Name _____ Cell _____

Email address _____

Emergency Contact Name _____ Cell _____

Health Insurance Company _____ Group ID _____ Policy _____

Please indicate camp session (All sessions Mon-Thur 9am-3pm)

____ **Session 1**

June 7-10

____ **Session 2**

June 14-17

____ **Session 3**

June 21-24

____ **Session 4**

June 28-July 1

____ **Serene 18 week!**

July 12-15

____ **Session 6**

July 19-22

BY CHECKING THIS BOX, I GIVE MY PERMISSION TO OUTDOOR AUGUSTA RIVERSIDE FOR THE USE OF ANY VIDEO OR PHOTOGRAPH IN WHICH MY CHILD _____ APPEARS FOR ANY FUTURE PUBLICATION OF MARKETING IN PRINT OR ON SOCIAL MEDIA FOR THE SOLE PURPOSE OF PROMOTING OUTDOOR AUGUSTA RIVERSIDE ADVENTURE CAMP.

Please list any allergies your child may have to food or otherwise _____

Please list any medical conditions your child may have or that we should be aware of while at camp _____

Please list any current medications your child takes daily _____

Please initial the following:

_____ I consent to allow Outdoor Augusta Riverside and its camp staff to seek emergency medical treatment at their discretion.

_____ In the event of an insect bite or sting that causes redness and swelling or other signs of allergic reaction, Outdoor Augusta may administer Benadryl per recommended dosing by the American Associates of Pediatrics as well as notify a parent via phone call.

Parent Signature _____ Initial _____ Date _____

.....

OFFICE USE ONLY

Discount Applied _____ WK / M T W TH Total Amount Due _____

Credit Cash Check # _____ Venmo

Recorded _____ Welcome email _____