



2025

Camper Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ DOB \_\_\_\_\_ **Shirt Size** \_\_\_\_\_

Campers school \_\_\_\_\_ Grade level Fall '25 \_\_\_\_\_

Father Name \_\_\_\_\_ Cell \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

Insurance \_\_\_\_\_ Group ID \_\_\_\_\_ Policy \_\_\_\_\_

**Please indicate camp session** (All sessions Mon-Thur 9am-3:30pm)

\_\_\_\_ **Session 1**

June 2-5

\_\_\_\_ **Session 2**

June 9-12

\_\_\_\_ **Session 3**

July 7th-10th

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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 Association of Pediatrics as well as notify a parent via phone call.

Parent Signature \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY PLEASE DO NOT WRITE

\*\*\***INITIAL & DATE WHEN RECEIVING IN SHACK** Initials \_\_\_\_\_ Date rec'd \_\_\_\_\_

Discount Applied \_\_\_\_\_ WK / M T W TH Total Amount Due \_\_\_\_\_

Credit Cash Check # \_\_\_\_\_ Venmo \_\_\_\_\_ Recorded \_\_\_\_\_ Welcome email \_\_\_\_\_