

OPPORTUNITY CAMP

at The Grove at Red Oak Lake / 849 Rocky Point Road / Cordova, TN 38018 / 901-729-7292



CAMPER INFORMATION:

First Name: _____ Last Name: _____

Age: _____ Boy Girl Nickname: _____ Birth Date: ____/____/____

Address: _____

Languages: _____

Siblings at camp: _____

Returning Camper? Yes No < One Year? Yes No

EMERGENCY CONTACTS:

1. Parent Name: _____ Phone: (cell) _____

2. Volunteer Name: _____ Phone: (cell) _____

3. Other Name: _____ Phone: (cell) _____

INSURANCE INFORMATION:

Name of Insurance: _____ Policy Number: _____

Address of Insurance: _____

Insurance Phone Number: _____

MEDICAL INFORMATION:

Date of last Tetanus Shot: _____

Treated for Lice in last 7 days? Yes No Date Treated: _____

Any Allergies? Yes No What? _____
(food, medicine, insect stings)

Dietary restrictions? Yes No What? _____

Camper can participate in all activities? Yes No What? _____

Check if ANY of the following apply to your child:

<input type="checkbox"/> Seizures	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Breathing problems/Asthma	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Fainting	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Upset stomach	<input type="checkbox"/> Side aches	<input type="checkbox"/> Poor appetite

May your child be given:

Tylenol for headache? Yes No

Motrine for muscle ache? Yes No

Benadryl for allergies? Yes No

List medications your child takes:
(Prescription medication must have pharmacy label and doctor's name)

1 _____ 2 _____ 3 _____

Any other helpful information? _____

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INFORMED CONSENT / RELEASE OF LIABILITY:

I, the undersigned, agree to participate in Opportunity Camp at The Grove using indoor and/or outdoor learning activities. I acknowledge that I have been advised that I can decline to participate in all of, or any part of, the activities during the program if I wish. I will only engage in the activities I consider will not put my physical or emotional health at risk. In consideration of the camp experience provided, I hereby hold harmless, release, and indemnify Opportunity Camp, Inc. and The Grove at Red Oak Lake, Inc., their respective employees and volunteers from any and all liability with relationship to participation in any program. This release also covers the transportation to and from the site of the activities, as well as the activities themselves and covers all the sessions of a program occurring over time.

I have read this Release and understand its terms. I further represent that I am at least 18 years of age, or if am under the age of 18, that my parent / guardian has read, initialed, and signed this form below.

PHOTO AND MEDIA RELEASE:

I, the undersigned, grant Opportunity Camp and persons or organizations acting for or through them, the right to use, reproduce, assign, and/or distribute films, photographs, videotapes, and sound recording of myself, for use in educational or promotional materials they may create.

I have read this Release and understand its terms. I further represent that I am at least 18 years of age, or if am under the age of 18, that my parent / guardian has read, initialed, and signed this form below.

INITIAL AND SIGN:

The medical history is correct as far as I know.

I agree to allow medical and surgical treatment deemed necessary in the judgement of the physician chosen by Oppourtunty Camp or its representatives.

I agree to the Informed Consent / Release of Liability.

I agree to the Photo and Media Release.

CAMPER NAME: _____ DATE: _____

PARENT / GUARDIAN NAME PRINTED: _____

PARENT / GUARDIAN SIGNATURE: _____

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent/guardian)

personally appeared before me in _____ County in the state of _____

and in my presence, signed this form.

Printed Name of Notary Official: _____

Signature of Notary Official: _____

Commission Expires: _____