



Camp: _____

Month/Year of Camp: _____

Camper Name: _____

Phone Number: _____

Address: _____

Date of Birth: ____/____/____ Age: ____ Group (if applicable): _____

Parent/Guardian(s): _____

Parent/Guardian(s) Phone: _____

Relative or Emergency contact(s) (names and phone):

_____/_____

_____/_____

Medical Limitations/Allergies: (use the back of the page if needed)

Factors affecting participation (if any):

Current Medications (medication & when taken):

Physician: _____ Insurance: _____

I authorize medical treatment as needed for this camper/child. It is understood that this authorization is given in advance of any specific diagnosis or treatment. I hereby waive all claims against and hold harmless the High Plains Retreat Center and its staff/leaders from any liability for any injuries received by this camper while participating in camp programs. The camper listed has permission to participate in all activities including transportation and water activities. I understand that campers who do not cooperate with leaders or abide by camp rules may be asked to leave. Parents will be responsible for transportation and transportation costs if the camper is sent home.

I agree for photos of this camper to be used in promotional materials.

Parent signature: _____ Camper signature: _____

Date: _____

Date: _____