



# 2022 Nature Camp Camper Registration Application

Date: \_\_\_\_\_

Request for Camp Session

\_\_\_\_\_ Wednesday June 8, 10-2 PM

\_\_\_\_\_ Wednesday July 6, 5-9 PM

\_\_\_\_\_ Wednesday August 10, 10-2 PM

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

*Please specify who has custody in case of an emergency*

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- Does the camper have any allergies? Any current medical conditions? Any injuries that could be aggravated during their camp experience?
- Do they take any medication? List.
- *There is an additional form that is required if camper needs medication given to them during their camp experience.*

- Does the camper have a medical diagnosis that staff should be aware of?
- Does the camper have a mental health diagnosis?
- Does the camper have any additional needs that Camp Leaders should be aware of? (behaviors, physical disabilities, fears, etc)

Please share the goals and objectives you have for the camper in attending Trust Based Nature Camp

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Where did you hear about Nature Camp? Who referred you to the program?

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## LIABILITY RELEASE-HOLD HARMLESS

### Cherry Ridge TLP Nature Camp

*Cherry Ridge Farms nor Cherry Ridge Therapeutic Learning Programs or its volunteers, can guarantee your safety. Rules are in place in hopes that they may reduce accidents or injuries during camp activities. All volunteers, riders and participants, participate at their own risk.*

**Ohio Equine Law States: Participation in an Equine/Farm activity dealing with animals, participant assumes apparent risk—Animals are unpredictable and can be dangerous.**

*I agree, that by signing this form I/We, the undersigned have read and do understand and agree to a release of liability for Cherry Ridge Farms, LLC, Cherry Ridge Therapeutic Learning Programs or Nature Camp Counselors or Volunteers.*

*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_

## PHOTO RELEASE

\_\_\_\_\_ I DO Initials \_\_\_\_\_

\_\_\_\_\_ I DO NOT Initials \_\_\_\_\_

Give my consent and authorize the use and reproduction by Cherry Ridge Farms/ CR-Therapeutic Learning Programs/ Nature Camp of any and all photographs and any other audio/visual materials taken of my camper for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

*Signature of Parent/Guardian Date*

\_\_\_\_\_ *Date* \_\_\_\_\_

- What to bring...wear closed toed shoes for hiking and shoes for water exploration, sunblock, and bug spray.
- Food, water and 2 snacks and camp materials will be provided.
- All Campers get a camp T-Shirt.
- Please list the Youth Size Here \_\_\_\_\_

## Camper Health History Form

### Authorization for Emergency Medical Treatment for Camper

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize the staff of Cherry Ridge Therapeutic Learning Program and Nature Camp to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

### Questions:

Please list any preexisting conditions/injuries that might be aggravated by participating in the camp experience

Please list any current medications:

Please list any allergies (food, bees, insects, medications, etc.):

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\_\_\_\_ I give my consent for Cherry Ridge Therapeutic Learning Programs Nature Camp Leaders to provide appropriate first aid if necessary for my camper.

CONSENT PLAN: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_