

# Kid's Camp

## Camper's Information

### Camp Dates. Check All That Apply

- June 27 - July 1  
 July 11 - July 15  
 Aug. 7 - Aug. 11

CAMPER'S NAME: \_\_\_\_\_ NICKNAME(s): \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE IN THE FALL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

CELL PHONE(s): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Will you be the primary emergency contact(s) during camp hours? YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

If anyone else is picking your child up from camp, you must tell the councilors at morning drop-off or contact us during the day.

DIETARY RESTRICTIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ EPI PEN: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

OTHER THINGS WE NEED TO KNOW: \_\_\_\_\_

SWIMMING ABILITIES: *not swimming* 1 2 3 4 5 *little fish*

**Check Box That Applies:**

**Release and Waiver of Liability** - I understand that Tumble Brook Country Club and Future Now, Inc. assume no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of physical condition resulting from participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the Tumble Brook Country Club, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities. \_\_\_\_\_ Initial

**Photo Release** - I give permission to the Tumble Brook Country Club to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting TBCC programs. \_\_\_\_\_ Initial

Please do not share any photos, film footage or recordings of myself or my family. \_\_\_\_\_ Initial

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or Guardian