



Kent Place Camp - Traveling Adventures Camp 2019 (8:30am - 4:00pm)

Camper's Name: _____ **AGE:** ____ **Current Grade:** _____

Address: _____

City: _____ **Zip:** _____

Parent/Guardian Name : _____

Primary Phone #: _____

Email: _____

Alt. Number 1: _____

Alt. Number 2: _____

Emergency Contact: _____

Phone #: _____

Relationship: _____

Alt. Phone #: _____

Please list any allergies your child has: _____

Does your child use any of the following?: Epi-Pen _____ Inhaler: _____ Auvi-Q: _____

List all medicines your child takes on a daily basis: _____

Does your child have any physical restrictions? If so, please explain: _____

Photo/Video/Social Media Release

You grant the Camp permission to use photos, images, videos or artwork of your camper to promote the Camp and its programs in Camp publications, including the website, social media, print, and other materials. If you do not wish to grant this permission, you must notify Donna Ray, Director of Summer Programs, rayd@kentplace.org, in writing prior to their start at camp.

Assumption of Risk

I, parent/guardian of the child above understand that part of any camp experience involves activities that come with certain risks. I am aware of these risks and I assume them on behalf of my child. I realize that no environment is risk free and I will instruct my child on the importance of abiding by camp rules.

I give permission for the child above to attend all Kent Place Travel Camp Trips between August 12, 2019 - August 30, 2019.

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above.

Parent/Guardian Signature: _____ **Date:** _____