



Outdoor Adventure Programing-Summer 2020 Registration

Child's name: _____ Birthdate: _____ Grade next Sept.: _____

Enrollment Date(s): _____ Or circle days:
#1: 7/6 - 7/10: M- T- W- Th- F

Parent/Guardian: _____ **#2:** 7/13 - 7/17: M- T- W- Th- F

Home Address: _____ **#3:** 7/20 - 7/24: M- T- W- Th- F

Email: _____ **#4:** 7/27 - 7/31: M- T- W- Th- F

Phone # that can receive text messages:(____) _____ **#5:** 8/3 - 8/7: M- T- W- Th- F

Back-up Emergency contact: _____ **#6:** 8/10 -8/14: M- T- W- Th- F

Address: _____ Telephone: (____) _____

2nd Back-up Emergency contact: _____

Address: _____ Telephone: (____) _____

Health and Safety Information

Please check or explain:

Frequent ear infections

Asthma

Other _____

Past operations or serious injury: _____

Behavioral concerns: _____

Current medications: _____

(medications cannot be administered by camp staff)

Physical or activity restrictions: _____

Allergies:

Hay fever

Ivy Poisoning

Insect Stings

Drug allergies: _____

Food or other allergies (specify): _____ Epipen? _____

Family Physician: _____

Telephone: (____) _____

Photo Release:

_____ By initialing here, I give the town of Carrabassett Valley and Outdoor Adventure Camp permission to take videos and photos of my child, and to use the depictions in print and/or online and electronic media.

Parent/Guardian Signature: _____

*Please mail or email completed form (2 pages) to: Outdoor Adventure Camp, 1001 Carriage Road, Carrabassett Valley, Maine 04947; outdooradventurecamp@gmail.com. No deposit is required with registration form; payment is due on the first day of each week of camp attendance. **Reservations are on a first come first served basis. We encourage you to submit registration forms prior to July 1, 2020. After July 1st please email to check availability.***

**Participant Release/Assumption of Risk Agreement
Agreement to Indemnify & Hold Harmless**

Each person signing below understands that participation in the Town of (“Carrabassett Valleys”) program, activity and/or special event can involve the risk of damage, illness (including communicable diseases such as MRSA, influenza and COVID-19), and injury, including permanent disability and death, to both people and property, and while particular rules, equipment and personal discipline may reduce these risks, the risks do exist.

Each person signing below understands and agrees that the Town of Carrabassett Valley its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, illness, harm or damage to his/her person or property (including, but not limited to, injury, illness, harm or damage caused by negligence of the Town of Carrabassett Valley, its agents, officers or employees) occurring during or arising out of participation in any Town program, activity and/or special event.

To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, illness, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event.

Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, illness, harm or damage to his/her person or property (including, but not limited to, injury, illness, harm or damage caused by negligence of the Town, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event.

AUTHORIZATION

I hereby give my consent to any medical procedures deemed advisable for my child by the Town of Carrabassett Valley or and/or its employees and staff in the event that I cannot be reasonably contacted in sufficient time, given the circumstances of my child’s injury, and my child has sustained injury which reasonably requires treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INCIDENT.

PARENT/GUARDIAN SIGNATURE

DATE

CHILD’S NAME: _____ DATE OF BIRTH: _____

PARENT’S NAME: _____ PHONE: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____