



CAMPER REGISTRATION FORM

PLEASE CHECK:

New Camper Returning Camper

Male Female

Camper Information

First Name: _____ Last: _____

D.O.B. ___/___/___ Grade: (Fall of '10) _____ School _____

Preferred Mailing Address: _____
(Street/P.O. Box)

(City) (State) (Zip)

Home Phone: _____ Cell: _____ Alternate: _____

DOES YOUR CHILD HAVE FOOD ALLERGIES?

NO YES

If **YES** please list foods:

MEDICAL INFORMATION

Your child will not be required to produce a health form to attend Winter Camp at Outdoors With Friends as long as your child is a D.C., Virginia, or Maryland public or private school student. It is imperative that parents provide us with an accurate list of the medications their child is currently taking. In the event of an emergency our staff will need to provide Emergency Medical Services with as much information as possible. Please understand that any information provided is completely confidential and will only be used when needed.

LIST MEDICATIONS YOUR CHILD IS TAKING:

DOES YOUR CHILD REQUIRE THE USE OF AN EPIPEN?

YES

NO

If your child is at potential risk for anaphylaxis you will need to provide our staff with **at LEAST 2 EPIPENS**.

PARENT/GUARDIAN INFORMATION

Parent 1 Name: _____

Occupation: _____

Work Phone: _____ Cell: _____

Email: _____ *(Email addresses will not be shared)*

Parent 2 Name: _____

Occupation: _____

Work Phone: _____ Cell: _____

Email: _____ *(Email addresses will not be shared)*

Primary Residence of the camper: Mother Father Both

Please submit any visitation concerns in writing to the Director of Camping prior to your child's camping session.

EMERGENCY CONTACT NAME/INFO:

Please give us the name of someone other than a parent.

Name: _____ Phone: _____

Relationship: _____

2010 CAMP ATTENDANCE:

Please note there is no deadline for payment. **Camps will fill up in order of submission of registration form and payment.** A waiting list will be created. **Please use the checkbox next to the weeks that your child will be attending Camp:**

- Spring Break, March 29 through April 2 (SPRING)
- Extreme Adventure, June 28 through July 2 (SUMMER, Week One)
- Survival 101, July 5 through 9 (SUMMER, Week Two)
- Mountain Explorers, July 12 through 16 (SUMMER, Week Three)
- Battle Week, July 26 through 30 (SUMMER, Week Four)
- Pirate Week, August 2 through 6 (SUMMER, Week Five)

Will you need before/aftercare? YES NO
If so, which days?

SPRING BREAK, March 29-April 2: Mon Tues Weds Thurs Fri

SUMMER WEEK #1, June 28-July 2: Mon Tues Weds Thurs Fri

SUMMER WEEK #2, July 5-9: Mon Tues Weds Thurs Fri

SUMMER WEEK #3, July 12-16: Mon Tues Weds Thurs Fri

SUMMER WEEK #4, July 26-30: Mon Tues Weds Thurs Fri

SUMMER WEEK #5, August 2-6: Mon Tues Weds Thurs Fri

***** Please remember that you can choose before/aftercare at the last minute, however if you require **AFTERCARE you must notify us that morning.**
Payment for before/aftercare will collected on that day.

NOTE TO PARENTS!

Outdoors With Friends Staff will NOT release any child to anyone not listed on this registration form. This is to protect your child. If someone other than a listed adult is to pick up your child arrangements MUST BE MADE with the acting Director.

ATTENTION, the registration is not complete without signatures to the following:

Outdoors With Friends Agreement with Parents and Campers

Parent:

I certify that I have read the following financial statements, fees and schedules, and understand the contents thereof.

◆ I have enclosed full payment for each session for which I have registered my child and I understand that refunds on session payment may not be granted after May 29th, 2010 unless the spot can be filled by someone on the waiting list. (February 28th, 2010 for Spring Break Camp). Dismissal from camp does not qualify for a refund.

◆ I grant permission for my son/daughter to participate in camp activities including out of camp trips under camp auspices.

◆ Permission is also granted to transport my child in camp designated vehicles for off-site trips and for emergency medical care.

◆ Permission is given to Outdoors With Friends to take photographs of my child, but further express consent must be given for use on OWF web site, advertising and publicity purposes.

◆ I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for my child's medical attention.

◆ I certify that my son/daughter is amenable to discipline and free from habits or attitudes that would make him/her an unsuitable camper.

Camper: (Parent, please read)

I want to become a camper with Outdoors With Friends. I agree to abide by camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise could result in my dismissal from camp without a refund.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Things to include with this form:

Payment- full payment of your camp fee must be included to hold your child's spot.

A photo-copy of your **child's proof of insurance**. Health forms are not required if she/he is a D.C./MD/VA student.

Any other information we will **need to know** (i.e., allergies, medications, behavior issues).



Release of Liability/Agreement Not To Sue

I, _____ AM AWARE THAT PARTICIPATION IN ANY OUTDOOR ACTIVITY INCLUDING BUT NOT LIMITED TO ROCK CLIMBING INCLUDES CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY AND/OR INSTRUCTION WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEARBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVOED.

Please initial _____

In condition of being allowed to participate in the outdoor activities described as

_____:

1. I agree that I will not sue, or otherwise make any claim against Outdoors With Friends LLC (OWF) , any sponsors/providers, or their employees, agents, and contractors, for any loss, injury or damage resulting from participation in guided outdoor activity.
2. I agree that Outdoors With Friends LLC (OWF), any other sponsors/providers, and their employees, agents, and contractors shall not be legally responsible for loss, injury or damage resulting from any cause, including negligence of any party.
3. I agree that while participating in the guided outdoor activities I will obey the rules and instructions set forth by the OWF staff and any other sponsors/providers.
4. I agree that any equipment which I provide or may borrow or rent from OWF or any other sponsor/provider during this activity, I use at my own risk. I understand and agree that OWF and any other sponsor/provider shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. OWF and any other sponsor/providers make no warranties of any kind regarding this equipment.
5. To the fullest extent allowed by law I agree to RELEASE, INDEMNIFY and HOLD HARMLESS OWF, any other sponsors/providers, their employees, agents, and contractors from all actions or claims from myself, my heirs or personal representatives for any loss, injury or damage from participation in any the activities facilitated by OWF and its staff, including any of its equipment.
6. The terms of this release shall also be binding as to any other persons, including all family members, heirs, executors, or administrators and including any minors which may accompany me. I understand this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. The specific rights of the parties may vary from state to state. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect.
7. I am legally competent to sign this Release or my parent or legal guardian has also read and signed this Release.

I HAVE CAREFULLY READ AND UNDERSAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

Date: _____

Signature of Participant
(Must also be signed by parent or legal guardian if participant is a minor)