

Camper Information & Health History Form



CAMPER INFORMATION		
Name	Age	Date of Birth
Address, City, State, Zip		
Swimming ability	School / Grade	
Parent(s)/Guardian(s)	Parent(s)/Guardian(s)	
Email	Email	
Phone	Phone	
Other Emergency Contact	Phone	
Please list name and phone # of adults who have permission to pick up your child:		

MEDICAL HISTORY AND INFORMATION	
We use the information on this form to accommodate and support a wide range of campers' abilities and needs. Please include ANY AND ALL information, so we can provide your camper the best possible experience.	
List any dietary restrictions (our snacks are nut free, but we also go for ice cream or other treats occasionally)	
Any allergies or reactions to medications, food, insects, etc. Yes / No Please list allergens and reactions:	
Is your child taking any medications , even if it's not during camp hours? Yes / No Please include reason and dosage:	
The following non-prescription medications may be stocked in our first aid kits and used as needed to manage illness and injury. Please cross out OTCs your camper should NOT be given: Acetaminophen (Tylenol) Burn Cream Generic Sunscreen (please bring your own if this is crossed out) Ibuprofen Sting Pads Generic Bug Spray (Please bring your own if this is crossed out) Diphen (Benadryl) Antibiotic Cream Aloe	
Physician's Name / Practice:	Phone
Medical Insurance Company	Policy #
Policy Holder	Subscriber #

Has / Does camper have...			
Asthma/wheezing/shortness of breath?	Yes / No	Skin problems?	Yes / No
Diabetes?	Yes / No	Stomach or intestinal issues?	Yes / No
Seizures or seizure disorders?	Yes / No	Problems with periods / menstruation?	Yes / No
Recurrent/chronic illness?	Yes / No	Traveled outside the US in the past 9 months?	Yes / No
History of head injury or concussion?	Yes / No	Attention deficit disorders (ADD or ADHD)?	Yes / No
Severe or frequent headaches?	Yes / No	Treatment for emotional /behavioral difficulties, self-harm, or eating disorders?	Yes / No
Passed out / chest pain during exercise?	Yes / No	During the past year, seen a professional to address mental /emotional health concerns?	Yes / No
Skipped any immunizations?	Yes / No	Used an individual education plan (IEP) in school?	Yes / No
Mononucleosis (Mono) this year?	Yes / No	Had a significant life event that continues to affect the camper's life (divorce, new sibling, trauma, history of abuse, adoption, etc)?	Yes / No
Hospitalization /surgery in the past two years?	Yes / No	Other behavioral, mental, emotional, social health information?	Yes / No
Frequent motion sickness?	Yes / No		
History of fainting or dizziness?	Yes / No		
Frequent bloody nose?	Yes / No		
Glasses or contact lenses?	Yes / No		
History of back or joint problems?	Yes / No		

If yes to the above questions, please explain (use extra pages if needed):

What other information do we need to know to support your child at camp?

I DECLARE THE ABOVE STATEMENTS ARE COMPLETE AND CORRECT. This health history accurately reflects the health status of the camper to whom it pertains. The camper has permission to participate in all camp activities except as noted by me. I give permission for the camp staff to provide routine health care; administer over-the-counter medications listed, and to provide or obtain emergency care as needed. I give my permission to the physician listed or selected by camp to order x-rays, tests, treatment related to the health of my child in routine or emergency situations. I give permission for the physician to hospitalize, secure treatment for, and order and administer medication, injection, anesthesia, x-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I understand this information will be shared with camp staff on a "need to know" basis."

We, the undersigned, hereby authorize Famous Adventures, or their representatives, to consult with medical doctors or hospitals and make any decisions necessary to care for the emergency medical needs of this participant in the absence of consent on behalf of the parent/guardian or individual client. I agree to the statements above.

Parent/Guardian _____

Date _____

Camper Code of Conduct



Parent/Guardians: Please read the code of conduct with your child and keep this copy at home. Sign the application and return to camp.

Famous Adventures provides campers with outdoor adventure opportunities in a physically and emotionally safe environment. We believe in experiential learning to promote personal success. We strive to teach self-confidence, decision-making and social skills, and environmental awareness.

In order to maintain a positive and safe environment, we use the three "Rs"

Respect yourself

Respect others

Respect your surroundings

Respect yourself: wear appropriate clothes and close-toed shoes each day so you are comfortable. Bring water bottle and drink water often. Wear sunscreen. Ask staff for help if you have trouble with an activity or with a camper or staff member, so that we can help you. Accept responsibility for your actions. Commit to having fun, staying positive, challenging yourself, and staying with the group at all times.

Respect others: ALWAYS follow safety rules and listen to instructions from staff and outfitters. Encourage others to listen, too. Communicate and listen to others, and refrain from foul language, slurs, and harsh words. Actively support the staff and campers. Respect each other. Don't tease, or exclude other campers.

Respect your surroundings: Stay with the group at all times. Follow instructions from staff and outfitters. Don't litter. Don't borrow or take things that don't belong to you. Campers are not allowed in vehicles unsupervised.

Failing to follow these respectful guidelines may result in:

1. Verbal warning from camp staff
2. Timeout from scheduled activities
3. Parent/Guardian phone call
4. Suspension or dismissal from camp*

***The following actions are not tolerated, and will result in immediate dismissal, without refund.**

- Fighting, including hitting, biting, kicking, or otherwise injuring a camper or staff.
- Bullying.
- Continuously disruptive or disrespectful behavior.
- Excessively unsafe behavior, or actions that endanger the safety of others.
- Use and/or possession of drugs or controlled substances, alcohol, tobacco, and any type of weapon or dangerous material.

Camper and Parent Signature

We, the camper and the parent/guardian, understand and agree to abide by the attached Code of Conduct. We are fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.

Parent/Guardian _____ Date _____

Camper _____ Date _____



Famous
Adventures

2019 Release and Waiver of Liability

I, _____, the Parent/Guardian of _____ ("My Child"), Date of Birth _____,

acknowledge that I voluntarily and willingly permit My Child to participate in Famous Adventures Programs during the time period January 1 – December 31, 2019 (referred to herein as "Camp").

CAMPER:

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED CAMP AND I AM PARTICIPATING IN THE CAMP ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN CAMP, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF CAMP LOCATIONS. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN CAMP, INCLUDING TRAVEL TO, FROM, AND DURING CAMP.

Camper Name: _____

Camper Signature: _____ Date: _____

PARENT/GUARDIAN

In consideration of the risk of injury while participating in Camp, and as consideration for the right to participate in Camp, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of My Child's participation in Camp, and do hereby release and forever discharge Famous Adventures, located at 1773 Chelwood Circle, Charleston, South Carolina 29407, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that My Child may suffer as a direct result of my participation in the aforementioned Camp, including traveling to and from an event related to the activity. I agree to indemnify and hold harmless Famous Adventures against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and related costs, if litigation arises pursuant to any claims made by me or anyone else acting on my behalf. If Famous Adventures incurs any of these types of expenses, I agree to reimburse Famous Adventures. I acknowledge that Famous Adventures and their directors, officers, volunteers, representatives, and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Famous Adventures. I ACKNOWLEDGE THAT CAMP MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO REASE AND DISCHARGE FAMOUS ADVENTURES AND ALL OF ITS AFFILITATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS, AND ASSIGNS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST FAMOUS ADVENTURES FOR PERSONAL INJURY OR PROPERTY DAMAGE. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Famous Adventures, its agents, and employees. In the event that My Child should require medical care of treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance for My Child. In the event that any damage to equipment or facilities occurs as a result of My Child's, my own or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness. This agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Parent and Famous Adventures agrees that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within this Release Of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not effect the intent of the parties. If a court should find any provision of this agreement to be invalid or unenforceable, then said provision shall be deemed to be written, construed, and enforced as so limited. I have listed Emergency Contacts for My Child on the Medical Form provided. I hereby certify that I am the parent or guardian of the participant, "My Child," named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

_____(Please initial) PHOTO RELEASE: I give permission for photographs taken of me/My Child while participating in Camp to be used in marketing/public relations material in the promotion of Famous Adventures.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above.

Parent/Guardian Name _____ Relationship to Minor: _____

Signature: _____ Date: _____