

Georgia River Network

CAMP KINGFISHER
Saturday Camp 2012 Camper
Registration & Camper Health Form

Date: _____

Camper's Name: _____ Gender (circle one) : Male Female

Date of Birth: _____ Current Grade _____ Grade in Fall of 2012 _____

School Name: _____

Check if applicable:

My child has **special needs** I would like to discuss prior to his/her arrival at camp.

LIMIT 2, no guarantees

Email address where we can send camp information: _____

Parent/Guardian 1

Name as it appears on photo ID:

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship to Camper: _____

Parent/Guardian 2

Name as it appears on photo ID:

Address (if different): _____

Home Phone (if different): _____

Work Phone: _____

Cell Phone: _____

Relationship to Camper: _____

Emergency Contact: MUST BE AN ALTERNATE to parents/guardians listed above.

Name as it appears on photo ID: _____

Phone: _____ Alternate Phone: _____

Pick-up: My child may be dropped off or picked up by the following drivers **in addition to those listed above.**

Name as it appears on photo ID:

Phone: _____

Name as it appears on photo ID:

Phone: _____

How did you hear about camp?

Visiting CNC CNC Newsletter
Website (non CNC) Word of Mouth

Previously attended Camp Ambassador _____
CNC Website Other _____

Georgia River Network

Camper's Name: _____

Health & Behavior Our purpose in gathering this information is to be able to better serve your family.

The more we know about each camper, the better equipped we are to meet his/her needs. We expect that you have provided us with all the necessary information we need to ensure the success of all campers individually and as part of a group. Personal information is shared only with the camp administrators and your child's group counselors. All staff guard and respect the sensitive nature of this information.

I give the Chattahoochee Nature Center permission to provide my child with first-aid treatment for minor abrasions, minor ailments, insect bites or stings. **Please check: Yes_____ No_____**

I give the Chattahoochee Nature Center permission to provide my child with first-aid treatment with non-prescription, non-recalled medication such as "Benadryl" or "Tylenol". **Please check: Yes_____ No_____**

1. Does your child have any allergies Yes No List each allergy and the necessary response to a reaction.

My child has been prescribed an EpiPen for a life-threatening allergy to _____

2. Is your child concerned or anxious about their allergy in a camp setting? Yes No

3. Is your child taking any medications? Yes No Please list each medication and its purpose.

4. Every child's behavior is different, especially as they acclimate to a new setting. What can you tell us about your child and how can we help ensure his/her success at camp? _____

5. When your child is pushing boundaries and/or making poor decisions, what is your best technique for helping them change his/her behavior? _____

6. When your child is upset and/or sad, what is your best technique for helping him/her? _____

7. Is there anything going on at home that may affect your child during the camp day (alternate living situation, visiting grandparents, recent loss, etc.) Yes No How can we help ensure his/her success at camp? _____

8. What is your child's comfort level while swimming? (1 = low, 5 = high) 1 2 3 4 5

9. Do you require that your child wear a flotation device when swimming? _____ If yes, you must provide one.

10. Is there anything else we should know related to health and behavior concerns? Please attach additional papers if necessary. _____

I give my permission for my child to participate in the Chattahoochee Nature Center's Camp Kingfisher 2012 program. I understand that safety precautions will be taken during all activities. In the event that an accident does occur, I will not hold the Chattahoochee Nature Center, its employees, volunteers, or Board of Trustees responsible for any injuries. If emergency treatment or advice is considered necessary by the Chattahoochee Nature Center staff, I understand that the above listed parent(s) or guardian(s) will be notified and be responsible for the cost of necessary medical treatment. If those individuals cannot be reached, I authorize the Chattahoochee Nature Center to arrange whatever emergency treatment is considered necessary. I also hereby grant the Chattahoochee Nature Center the right to take and utilize images of my child participating in camp activities for the purpose of promotion and advertising.

Parent/Guardian Signature: _____

9135 Willeo Road, Roswell, GA 30075

Phone: (770) 992-2055 x222

Fax: (770) 552-0926

FAXING IS NOT RELIABLE – if you fax your form and we do not have it on the first day of camp, you will be asked to fill out another.