



Creative Works Farm Proud home of Camp LIGHT

Camper Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone number: _____ email (parent or guardian): _____

Date of birth: _____ Age: _____

Grade attending in Fall 2015: _____ School: _____

Name of parent or legal guardian: _____

Address: _____

Cell phone number: _____ Home phone: _____ Work phone: _____

Primary emergency contact name: _____ Phone number: _____

Medical

Medical diagnosis/conditions being treated for: _____

We will require a form from applicant's doctor verifying current medical information, as well as doctor's recommendation of the child as a participant of Camp LIGHT's summer camp programs, prior to attending camp.

Primary physician: _____

Address: _____ phone number: _____

Specialty physician: _____

Address: _____ phone number: _____

Please list any medication applicant will be taking while attending camp: _____

Will medication need to be administered during camp by camp directors/counselors? Yes _____ No _____

Allergies:

Medications: _____

Food: _____

Other (bee stings, latex, etc): _____

Is an Epi-pen required for any allergy? _____

List any special needs:

Mobility (wheelchair, walker, etc): _____

Dietary restrictions (vegetarian, vegan, etc): _____

Special infection control issue: _____

Can applicant feed themselves independently? Yes _____ No _____ (if not, what type of assistance is needed?) _____

Does applicant need assistance when using bathroom? Yes _____ No _____

(if yes, what type of assistance is needed?) _____

Facilities for using bathroom and washing hands will consist of handicap accessible portable toilets and free standing hand washing stations. Is applicant able to use these types of facilities? Yes _____ No _____

Camp activities will include nature hikes, scavenger hunts, and other physical activities. We want all campers to be able to participate in the programs without feeling excluded and will try to adapt programs when possible to accommodate restrictions. Will applicant have problems participating in these activities? Yes _____ No _____
If yes, what specifically?

Does applicant require a nap during the day? Yes _____ No _____ Lose focus easily? Yes _____ No _____
Does applicant follow directions well? Yes _____ No _____ Wander off from others? Yes _____ No _____

Are there any other behavioral problems that would affect camper's ability to participate in activities with the other campers? _____

Has the applicant had any disciplinary problems in school or any other facility or program? Yes _____ No _____

If so, please explain: _____

List any other information that you think would be valuable for CWF Camp LIGHT staff to be aware of in order to ensure your child has a fun and safe experience at camp:

Does the applicant have any special hobbies or things they love to do for fun? _____

References

Please list three references, such as doctors, teachers, and counselors:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If my child is chosen to attend Camp LIGHT, I understand that false or misleading information in this application or interview may result in release from the program.

Release of Liability: I hereby release and hold harmless Creative Works Farm, Camp LIGHT, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this camp program and any travel/transportation related to this camp program. I understand that this release and indemnification releases liability for the conduct of Creative Works Farm Camp LIGHT and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

Photo release: the undersigned gives permission to Creative Works Farm Camp LIGHT to use photographs and audio and/or video recordings of the camp participant for fundraising and/or marketing purposes. This may also include news articles and photos on camp specific social media sites.

Participation consent: the undersigned consents to participate in all activities except those specifically prohibited by the participants physician. Sunscreen and bug spray will also be required to be applied on the child during all activities. Campers should come to camp with sunscreen already applied to any exposed areas of the skin. Additional sunscreen used during the day will be applied in spray form. Bug spray used will not contain DEET. You must inform staff in writing of any issues that vapors from spray will cause with breathing issues such as asthma.

Consent to medical treatment: in case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participants ability to continue in the group activities.

Name of participant: _____ Date: _____

Parent/Legal guardian Signature: _____