**CAMPER AND PRIMARY CONTACT INFORMATION**

Full Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age(at the time of Camp):

Name you prefer to be called (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

T-Shirt Size (circle one): **Children:** XS SM MED LG *or Youth/***Adult:** SM MED LG XL

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian/: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address you check frequently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you? **(circle one)** **Home Phone** **Cell Phone**  **Email**

# **3.** **EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

**4. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper’s needs)

PLEASE CHECK IF YOU AGREE

\_\_\_\_\_ My child is in good physical health and can participate in physical activities with Camp Founder Girls. I am fully responsible for my child’s health and will alert the camp director of any health concerns that may affect my child’s ability to participate in programming.

\_\_\_\_\_ In the event that I cannot be reached during an emergency situation, I authorize CFG staff to make emergency medical decisions on my behalf.

SWIMMING LEVEL: \_\_BEGINNER        \_\_INTERMEDIATE    \_\_ADVANCED

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your camper taking any medications to treat these conditions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5. EMERGENCY AUTHORIZATION**

I, the undersigned, parent or guardian of the above-named individual, acknowledge that participation in Camp Founder Girls involves physical activity. I further acknowledge that the programs of Camp Founder Girls are primarily administered by adults who volunteer their time, rather than by paid, trained professionals in the outdoors. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Black Outside, Inc and its employees, camp director, volunteers and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Black Outside, Inc sponsored event, including any physical injury by negligence of any volunteer while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in this event. However should camp director/volunteers determine in their sole discretion that completion or participation in any events would be injurious to my child’s health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers and camp director. I give my permission for free use of my child’s name and picture in broadcasts, telecasts or written accounts of any game and or events that is sponsored by Black Outside, Inc.

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Payment**

Every camper’s experience is almost fully funded by Camp Founder Girls, alongside contributions from generous donors. In order to bridge the gaps, we ask that families contribute, on a sliding scale, what they can. The more a family donates, the more funds available for every girl, regardless of her family’s income. Please indicate below how much you are able to contribute this year. Your answer will not determine acceptance into Camp Founder Girls, it will simply help us budget accordingly for the summer.

\_\_\_$25 \_\_\_$50 \_\_\_$100 \_\_\_$150 \_\_\_$200 Other: \_\_\_\_\_\_\_\_