



Camper Name

Age

Birthdate

Nickname (what camper likes to be called)

email address

T-shirt size

Address

City

County

State

ZIP Code

Can child swim?

Any specific fears? (i.e. scared of dark, thunder, water, etc)

Any special bedtime or other behaviors? (i.e. nightmares, bedwetting, anxiety, etc)

Mother's Name

Father's Name

Mother's Address City State ZIP

Father's Address City State ZIP

Mother Phone#1

Mother Phone #2

Father Phone #1

Father Phone #2

Mother email

Father email

Emergency Contacts

Name

<input type="text"/>
<input type="text"/>

Phone#1

Phone#2



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Cancer or Blood Disorder Diagnoses (if any, current or past)

Is the child **CURRENTLY** receiving treatment for the diagnosis listed above?

Other Medical Diagnoses/Conditions

Allergies

Insurance Carrier

Policy/Medicaid/CIDC #

Current Medications & Treatments (chemotherapy, prescriptions, over-the-counter meds)

PLEASE SEND ONE WEEK SUPPLY OF ALL MEDICATIONS BELOW!!

Name of Medicine	Dose	When Given	Notes

Special Equipment

(i.e. crutches, wheelchair, neb machine)

Dietary or Activity Restrictions

(i.e. food allergies, no swimming, sports)

Please provide the dates of the most recent immunization:

MMR

DTP/Tdap/Td

Varicella/Chickenpox

Other

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I understand and certify that my/my child's participation is completely voluntary in The Rainbow Connection, the summer camp program sponsored by The Rainbow Connection and its activities at Camp For All. I have familiarized myself with The Rainbow Connection program and activities at Camp For All in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to the activities of horseback riding, high and low elements ropes course, swimming, archery, and canoeing. I acknowledge that although The Rainbow Connection and Camp For All have taken safety measures to minimize the risk of injury to camp participants, The Rainbow Connection and Camp For All cannot insure or guarantee that the participants, camp equipment, premises, or activities will be free of hazards, accidents, or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures of The Rainbow Connection at Camp for All. Further, I have received approval from a doctor authorizing me/my child to participate in The Rainbow Connection Activities at Camp For All. I also agree to inform The Rainbow Connection of any activities in which I/my child may not participate.

I hereby grant the medical staff of The Rainbow Connection permission to administer routine care and medication to me/my child as well as any emergency care that is required. I understand that I will be notified as soon as possible in the event of an emergency.

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge The Rainbow Connection and Camp For All and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at The Rainbow Connection at Camp For All.

I give The Rainbow Connection and Camp For All the right to interview and/or take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets, and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. The Rainbow Connection and Camp For All shall have the right to use the photographs or other images of me/my child in promotion, educational or fundraising materials. I acknowledge that The Rainbow Connection or Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release The Rainbow Connection and Camp For All and their officers, agents, and employees from all liability connected with taking and using these materials as authorized by The Rainbow Connection and Camp For All. In addition, I waive all rights, interest, or claims for payment in connection with any information, education, the furtherance of the goals and these institutions or other lawful purposes.

I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

Parent/Guardian Signature & Date

Camper Signature & Date

PHYSICIAN'S STATEMENT: It is my opinion that this child is physically able to engage in camp activities, except as previously noted. I have verified that the information on health, medicines, and immunizations is correct.

Physician Signature & Date