

# REGISTRATION FORM

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**Jr Tracker and Wilderness Survival Summer Camp**

**June 18-22, 2018**

## Participant Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade Starting in Fall 2018: \_\_\_\_\_ Gender: \_\_\_\_\_

Epi-Pen Required:  Yes  No Allergies or Prescribed Medication:  Yes  No

Epi-Pen Requirements: \_\_\_\_\_

Allergies or Prescribed Medications: \_\_\_\_\_  
(If allergies or prescribed medication, please have Authorization for Severe Allergy, Emergency Medical Care or Prescribed Medications forms completed by a doctor.)

Special Needs: \_\_\_\_\_

(If your child has any special needs, medical conditions, or severe allergies that are not self-managed, and warrant special care or instructions, please email [AmethystRetreatCenter@gmail.org](mailto:AmethystRetreatCenter@gmail.org) at least 2 weeks prior to the camp start date to make proper arrangements with our staff.)

## Parent/Guardian Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact Info

Name/Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Alternate Transportation

Name & Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photography Release**  Yes  No

I authorize Amethyst Retreat Center and its affiliates to obtain, store and/or use (without payment) any photographs or video clips of my child for marketing/advertising and/ or internal training purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## What to Bring

- Bag lunch and drink
- Registration form
- Sun screen and/or tick spray, if desired
- Closed-toe shoes
- Any medications, clearly labeled with your child's name, along with necessary medication administration form

## Terms and Conditions

*Refund Policy:* Payment in full is required at the time of registration. The course cost includes a non-refundable fee of \$50 for participants, up to three weeks prior to the first day of the program. Because of costs associated with staffing, all cancellations after May 27 will result in a loss of the entire amount paid. However, if we are able to fill your child's spot with another student on the waiting list, Amethyst Retreat Center will refund 50% of your fee.

*Medical Release:* You authorize the diagnosis and treatment by a qualified and licensed medical professional of your child, should a medical emergency occur, which the attending medical professional believes required immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed.

Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event there is a medical emergency, you understand that every attempt will be made by the attending physician to contact you in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you.

This release is authorized for the duration of the camp, of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the above-named child, in your absence.

**Confirmation:** Your signature below, whether written or electronically typed, is accepted as a binding agreement. You accept that you have read and agreed to the above Terms and Conditions of the Jr. Tracker program.

Parent/Guardian 1                       Parent/Guardian 2                       You are the sole legal Parent/Guardian

Parent/Guardian Signature and Date: \_\_\_\_\_

Parent/Guardian Signature and Date: \_\_\_\_\_

Please contact us at [AmethystRetreatCenter@gmail.com](mailto:AmethystRetreatCenter@gmail.com) or call Natalie Manchorov, coordinator, at 717.979.4147, with any questions or concerns, and we will be happy to help.