

BEAR LAKE  
RESERVE

KIDS' CAMP REGISTRATION FORM

Please complete and submit the following form for each camper by the Sunday before the first day of the Session your child(ren) will attend. Thank you! We look forward to adventuring with our Campers this Summer!

Registering for Session(s)

Jun 12-16  Jun 19-23  Jun 26-30  Jul 10-14  Jul 17-21  Jul 24-28  Jul 31-Aug 4  Aug 7-11  Aug 14-18

Times: Monday- Friday 10-3 (lunch included) For Ages: 5 - 12 years

Price per Camper:

G: \$99/ day or \$295/week • O: \$75/day or \$225/week • staff: \$25/day or \$95/week

CAMPER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Child  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_ Age: \_\_\_\_\_

Street Address:  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

Parent/Guardian - Contact Information

Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms.  Mrs.  Mr.  Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms.  Mrs.  Mr.  Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

**Emergency Contact Information - Alternate Pickup/Release**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_

**Medical Release Information**

*Insurance Information*

Policy Number: \_\_\_\_\_ Name of Health Insurance Provider: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please: list any medical problems. including any requiring maintenance medication (i.e. Diabetic, Asthma, Sei turns).

Medical Problem:	Required Treatment:	Should paramedic by called?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes  No  If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes  No  If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes  No  If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone#	Relationship to Child
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____
Contact #3	_____	_____	_____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

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

I understand that Bear Lake Reserve will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

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

Please check how you heard about Bear Lake Reserve Adventure Camp.

PTA  Website  Word of Mouth  Flyer  Other

**Terms of Agreement**

**Photo Release:**

I hereby give permission for my child to be photographed during the Bear Lake Reserve Adventure Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Bear Lake Reserve.

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

**Transportation Release:**

I hereby give permission for the transportation of my child for official Bear Lake Reserve Adventure Camp activities by modes of transportation agreed to by the camp organizers.

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

**Liability Release and Parental Consent**

In order for my child to participate in the Bear Lake Reserve Adventure Camp, I hereby waive, release and discharge any and all claims for damages for personal injury which may hereafter occur to my child as a result of participation in said event. This release is intended to discharge in advance Bear Lake Club, LLC, Bear Lake Investments I, LLC and Tembo Hospitality Group, LLC, their officials, directors, officers employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of the persons mentioned above. I understand that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parent's/Guardian's Initials: \_\_\_\_\_

Bear Lake Reserve is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**QUESTIONS?**

Please contact Julia Gros if you have any questions, or to turn in your completed form:  
julia@bearlakereserve.com | 845.800.9535