

ROCKPORT ADVENTURE CAMP 2024

REGISTRATION FORM

CAMPER'S NAME: _____

DOB (DD/MM/YYYY): _____ GENDER: _____

2024/2025 SCHOOL GRADE: _____

REFERRED BY: _____ REPEAT _____ FRIEND _____ SOCIAL MEDIA _____ OTHER _____

LIST ANY SIBLINGS ATTENDING RAC IN 2024 _____

LIST ANY FRIENDS ATTENDING RAC IN 2024 _____

WEEK ONE (JUNE 3-7) _____ \$450

WEEK TWO (JUNE 10-14) _____ \$450

WEEK THREE (JUNE 17-21) _____ \$450

- *\$75 DEPOSIT DUE WITH APPLICATION (DEPOSIT NON-REFUNDABLE AFTER MARCH 31, 2024)*
- *FULL TUITION DUE MAY 1, 2024*
- *MULTIPLE SESSIONS AND SIBLINGS RECEIVE 15% DISCOUNT*
- *\$50 DISCOUNT IF TUITION PAID IN FULL BEFORE MARCH 15, 2024*
- *CHECKS PAYABLE TO FANTASY CHARTERS, LLC*

PARENT'S NAME(S): _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____ PHONE: _____

PARENT SIGNATURE _____ DATE _____

Rockport Adventures Camps

Emergency Contact Form

Child's Full Name _____ Age _____ DOB: _____
Parent/Legal Guardian's Name _____
Address _____
Home Phone _____ 1. Work Phone _____
Cell Phone _____ 2. Work Phone _____
Email Address _____

In case of emergency:

Contact #1:

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____
Cell Phone _____

Contact #2

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____
Cell Phone _____

Authorized to pick up child:

Name _____ Driver's License #: _____
Name _____ Driver's License #: _____
Name _____ Driver's License #: _____

Family Doctor _____ Phone _____

In case of emergency, I give my consent to have my child, _____ transported
By emergency vehicle to the following clinic or hospital _____ .
Rockport Adventure Camps

Health History Form

Child's Name _____ DOB: _____

Parent or Legal Guardian's Name _____

Address _____ City _____

Age of Child _____ Sex: M / F

Does your child have or has your child had within the past year: (circle one)

1. Difficulty with physical exercises? Yes No

If yes, Please explain _____

2. Advice from a physician not to exercise? Yes No

If yes, please explain _____

3. Any history of heart problems? Yes No

If yes, please explain _____

4. Does your child have diabetes? Yes No

If yes, please explain _____

5. Does your child have asthma? Yes No

If yes, please explain _____

6. Any other pre-existing medical conditions? Yes No

If yes, please explain _____

7. Allergies? Yes No

If yes, please explain _____

8. Pre-existing injuries? Yes No

If yes, please explain _____

9. Is your child currently on any medications? Yes No

If yes, please explain _____

10. Can your child swim the length of a community pool? Yes No

If you have answered **YES** to any of the questions #1-9, please have your child's doctor fill out The **Doctor's Note of Approval**. The **Health History form** and the **Doctor's Note of Approval** (if so required) must be completed prior to your child's participation in Rockport Adventure Camps.

I, print your name, _____ have enrolled child in a Program of physical activity including, but not limited to, running, jumping, climbing, throwing, kayaking, walking outdoors, hiking, catching, balancing and stretching. I hereby affirm that my child, _____, (print child's name) is in good physical condition and does not suffer from any disability that would prevent or limit, his/her participation in this program.

I attest that the above information is true and correct to the best of my knowledge and that I have read and fully understand the above. I also affirm that my child, (print child's name) _____, is exercising with their physician's or caregiver's approval regarding this program.

Signature of Parent or Guardian

Date

Rockport Adventure Camps

Doctor's Note of Approval

Patient's Name _____

(Please print)

Patient's Address _____

City _____ State _____ Zip _____

The camp includes segments designed to help build strength, stamina, and aid in the gross motor development of children. We will also be outside for most of our adventures with plenty of water available. For further information on this camp, please contact the Rockport Adventure Camps Director at 361-463-5003.

I, _____, consent to the above named patient's participation in the Rockport Adventure Camps.

Physician's Signature _____

Date _____

Rockport Adventure Camps
Indemnity Agreement for all Rockport Adventure Camps
sponsored and co-sponsored activities and events

I, the undersigned, shall indemnify and hold harmless the Rockport Adventure Camps, it's staff, committees, counselors, and volunteers for injury, to any extent, to (print child's name) _____ for whom I am responsible.

Furthermore, it is understood that Rockport Adventure Camps is an activities and academic oriented program that includes games, sports, field trips, where walking, vans, buses, or private cars may be used to transport campers.

I hereby acknowledge that I have read and fully understand the Rockport Adventure Camps indemnity agreement, and in doing so hereby agree:

Name (please print) _____
Signature _____ Date _____

Field Trip Permission Form

_____ (print child's name) has my permission to travel by boat or by walking feet to field trip sites as part of the Rockport Adventure Camps (RAC) activities.

Campers will be under adult supervision while on trips. RAC personnel and their families, and Volunteers are not liable for accidents occurring while on these field trips.

Signature _____ Date _____

Photo Permission

(Please circle or highlight one)

Photos and videos taken of _____ (print child's name) as part of the Rockport Adventure Camps program MAY / MAY NOT (circle or highlight one) be published as part of public awareness, documentation, and advertising of the program.

Signature _____ Date _____

NO HEALTH INSURANCE RELEASE

My camper, _____ is not covered by health insurance and I acknowledge ROCKPORT ADVENTURES is not responsible for medical expenses incurred treating my child. I accept responsibility for any medical care.

Signed _____ Date _____