

## Crystal Lake Day Camp Summer 201& Registration Form

Participant's Full Name	Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City	State	Zip Code
Home Phone	Email		
Parent/Legal Guardian	Work Phone	Cell Phone	
Session: (use drop down menu to select session desired) 1: Jun 1-18 Flora Factories			

Note: Crystal Lake Day Camp sessions are Monday through Friday, 8:30am-4:30pm. Participants will need to bring the following each day:

- Lunch and snacks
- Water (at least 32 oz)
- Rain gear (coat, pants, boots)
- Bug repellent
- Sunscreen
- Sturdy Shoes

Please, no knives.

Pick up and Drop off will be at trail parking area behind Juneau District Office. We will be practicing "Pack It In, Pack It Out" with all trash from lunch, etc. Please consider this when packing lunches each day. In addition, we will not have access to electricity or plumbing during the day.

Weekly Rate: \$125. (20% discount for more than one child; 10% discount with 14-day advance registration).

Mail (or deliver in person) this form with payment (cash, check, or charge) to Crystal Lake Day Camp, Juneau Ranger District, 8510 Mendenhall Loop Road, Juneau, AK 99801. Or, fax with credit card to 907-586-8808.

Method of payment:

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	No. of sessions	
<input type="checkbox"/> Credit Card (Master Card, VISA, Discover)		Rate (use drop-down)	\$125
Credit Card Number: _____		Total Cost	
Expiration Date: ____/____			
Name on Card: _____			
Signature: _____			

## Health and Medical Information

Allergies or reactions to foods, medications, etc.:

Date of last tetanus inoculation (must be current):

Describe any condition now requiring regular medication:

List and describe any medications your child is taking:

Describe any behavioral conditions requiring intervention:

Describe any medical condition that might limit your child's ability to participate in certain camp activities:

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**I hereby authorize any medical treatment deemed necessary in the event of any injury/illness.**

Applicant's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**In case of emergency, notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

If unable to contact parent or guardian, please call:

Name: \_\_\_\_\_

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

# Crystal Lake Day Camp 201&

## Acknowledgement of Risk and Assumption of Responsibility

**Notice:** There are elements of risk in any activity associated with outdoor adventures and learning. The Forest Service does not want to frighten you or reduce your enthusiasm for this program, but we do think it is important for you to know in advance what to expect for your child and to be informed of the inherent risks. This program will involve outdoor activities which pose some risk of injury no matter how carefully they are conducted.

**Acknowledgement of Risks:** I recognize that this program may involve some risk, including risk of personal injury, illness, and death. I acknowledge that the following describes some, but not all, of those risks: 1) falling; 2) exposure to various weather conditions; 3) an "act of nature" which may include severe weather or falling trees; 4) attack by or encounter with insects or animals; 5) risks arising from your child's sense of balance, physical coordination, and ability to follow instructions; 6) risks from accidents or illnesses occurring in a location where there are no immediate medical facilities; 7) risks associated with traveling off-trail or in the backcountry. I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

**Express Assumption of risk and responsibility:** Knowing that these and other risks exist, I authorize my child to participate in this program. I understand that this program involves activities that may be physically and/or mentally demanding. By signing this permission form, I certify that I believe my child is physically and mentally capable of participating in this program.

**Covenant of good faith:** I understand that the Forest Service will operate under a covenant of good faith and fair dealing, but that it may find it necessary to terminate any activity, or refuse or terminate the participation of any person for the safety of that child and/or other participants as well as the integrity of the program.

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Signature

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Date

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Printed name

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Relationship to child

## Audio-Visual Release

**Production or Use** Tongass National Forest Image Files (possible use in publications, websites and AV programs)

I hereby give my consent to the USDA Forest Service for the free use of my image(s) ( ), my person ( ), and/or my voice recording ( ), for the above production or use. *(Check (X) applicable one)*. If subject is a minor, this form must be signed by a parent or legal guardian.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_