

OWEGO FOREST RECREATION CAMP REGISTRATION FORM 2024

CHILD'S INFORMATION

Child's Name:

Date of Birth:

Age:

Gender:

Ethnicity:

Current Address:

City:

State:

Zip Code:

Number in household:

PARENT/GURADIAN INFORMATION

Parent/Guardian 1:

Primary Phone:

Relationship:

Email:

Employer:

Work Phone:

Current Address:

City:

State:

Zip Code:

Number in household:

Parent/Guardian 2:

Primary Phone:

Relationship:

Email:

Employer:

Work Phone:

Current Address:

City:

State:

Zip Code:

Number in household:

CONTACT INFORMATION

Who should we contact first?

How do you prefer to be contacted: Primary Phone, Work Phone, or Email?

EMERGENCY CONTACT:

If we are unable to reach anyone who is your emergency contact for your child?

Emergency Contact:

Primary Phone:

Relationship:

Email:

Employer:

Work Phone:

Current Address:

City:

State:

Zip Code:

Number in household:

MEDICAL INFORMATION

Allergies: (please write "none" if no allergies)

Medications: (list dose and times, or write "none" if no medications)

Medical/Behavioral Conditions: (please write "none" if no conditions)

HEALTH CARE PROVIDER/INSURANCE

Physician Name:

Primary Phone:

Insurance Company:

AUTHORIZED PICKUP

Person authorized to pick up child (must be 18+ with valid driver's license)

Do not need to include parent/guardians already listed above

NAME

RELATIONSHIP

PHONE

1.

2.

3.

4.

OWEGO FOREST RECREATION CAMP REGISTRATION FORM 2024

I give my permission for (child's name) _____, to participate in the Forest Recreation Camp Program at the Fred L. Waterman Conservation Education Center, Inc. (WCEC). This child, to the best of my knowledge, is in good physical condition and is capable of hiking trails and other planned outdoor activities. I understand that hiking and other activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give permission to the Waterman Center staff, volunteers and/or medical staff to administer proper medical assistance to named child if needed. I agree not to hold the WCEC or any of their agents responsible in the event of injury to the named child. In addition, I authorize the verification of the information provided on this form. I grant permission for video recordings and digital photographs to be taken of my child or my child's work as part of his/her participation in the WCEC Forest Recreation Camp. I authorize the WCEC to use my child's image for websites and/or in printed promotional materials without further consideration and I acknowledge WCEC's right to edit the media (such as cropping) at its discretion. I understand that once my child's image is posted on the WCEC's website, the image could possibly be downloaded by a third party. I agree that I will not hold WCEC responsible for any harm that may arise from such unauthorized reproduction.

WEEKS ATTENDING

Please indicate which weeks you child will be attending (Choose 4).

**** If you fail to attend ALL the weeks listed here you will be forfeiting your \$25 refundable deposit****

Week 1 (7/8 -7/12) Week 2 (7/15 -7/19) Week 3 (7/22-7/26) Week 4 (7/29 -8/3) Week 5 (8/5 -7/9)

EXPULSION POLICY

Waterman Center and our Camp Program Director work hard to ensure the safety and happiness of our campers. If a child manifests poor behavioral decisions, we will make every effort to resolve the problem and keep you informed. In the event, the behavior persists or worsens, expulsion may be warranted for the good of the other campers. Reasons for expulsion include but are not limited to, physical violence of any kind, biting, inappropriate language, inappropriate touching, bullying, abusive behavior, tantrums, and/or angry outbursts. All discipline decisions will be at the discretion of the Camp Program Director.

COVID-19 WAIVER

I, _____ ACKNOWLEDGE THAT THE NOVEL CORONAVIRUS (Covid-19) is a global pandemic and that infections have been confirmed internationally and throughout the United States, including New York State. I understand the WCEC cannot guarantee my child's safety or immunity from infection. With this understanding, I knowingly and voluntarily waive and release WCEC from any and all present and future claims of any type, including for any harm or loss, economic loss, personal injury, disease or death.

Signature of parent/guardian: _____ Date: _____

TOPICALS AND PERMISSIONS

Sunscreen and Bug Spray: I, _____ give permission for my child to carry and **self-apply** sunscreen/bug spray. The sunscreen will only be used to prevent over exposure of the sun. Bug spray will only be used to reduce the possibility of bug bites. Only sunscreen/bug spray approved by the FDA for over-the-counter use will be permitted for use by the child. Sunscreen and bug spray are considered a drug and shall be checked and logged by Waterman staff. Furthermore, Waterman staff will not be able to aid in application of sunscreen/bug spray. Waterman center does not provide bug spray/sunscreen and it cannot be shared with others including siblings.

Antiseptic Wipes: I, _____ give permission for the WCEC staff to clean cuts with antiseptic wipes. Antiseptic wipes are considered an over the counter drug and need parent/guardian approval to use. Please let us know if there is a known allergy to any type of antiseptic wipe.

Epi-pen Permission/Inhaler: If your child will be bringing an epi-pen or inhaler please fill out the separate form.

FORM COMPLETION

DON'T FORGET TO ATTACH THIS FORM, COMPLETE IMMUNIZATION HISTORY, AND ANY APPLICABLE SPECIAL PERMISSIONS TO YOUR ONLINE REGISTRATION!

\$25 REFUNDABLE DEPOSIT (CASH OR CHECK) MUST BE PAID TO: WATERMAN CAMPS 403 HILTON RD, APALACHIN, NY 13732

I wish to support the Waterman Center by donating my deposit.

In signing this form, I certify my understanding of this form and agree to instruct my child to abide by all of the instructions given to my child by Waterman Conservation Education Center volunteers, employees, or agents during my child's stay at camp. I also acknowledge that all information has been filled out to the best of my ability and knowledge. I understand that this form is considered incomplete if I do not include immunization records and deposit. I further consent to the use of an electronic signature throughout this document by signing below.

Parent Signature

Date