

Outdoor Adventures Summer Camp Enrollment Form

Child's Name (First & Last) _____ Age _____ Birth date _____

Address _____ City _____ Zip _____ Phone _____

Child lives with _____ Mother _____ Father _____ Others: _____

Parent/Guardian Name _____

Home Address _____ City _____ Zip _____

Employed by _____ Work/Cell Phone _____

Parent/Guardian Name _____

Home Address _____ City _____ Zip _____

Employed by _____ Work/Cell Phone _____

EMERGENCY CONTACT (NON-PARENT/GUARDIAN)

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

List all persons authorized to pick up child (**including** parents/guardians)

Name _____ Phone _____ Relationship to child _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Relationship to child _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Relationship to child _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Relationship to child _____

Address _____ City _____ Zip _____

Child's Physician _____ Phone _____ Date of Last Physical _____

Child's Dentist _____ Phone _____ Date of Last Dental Exam _____

Medical Insurance Company _____ Group # _____ Policy # _____

Special Circumstances of child (**allergies, medication, physical restrictions, behavior trends, special accommodations, etc. SHOULD be listed here**)

Please complete backside also...Thank You!

PARENT/GUARDIAN AUTHORIZATION

YOUR CHILD’S PARTICIPATION IN Sequoia’s Treehouse, LLC programs IS CONDITIONED UPON YOUR COMPLETION AND SIGNING OF THIS AUTHORIZATION. PLEASE READ IT CAREFULLY AND RETURN TO Sequoia’s Treehouse, LLC AFTER YOU SIGN IT.

Child’s Name _____

Acknowledgment and Permission. I recognize that participation in Sequoia’s Treehouse, LLC activities, programs and field trips and the use of Sequoia’s Treehouse, LLC facilities will involve potentially hazardous activities and strenuous exercise including, but not limited to, walking, running, jumping, climbing, swimming, and using equipment. I acknowledge that any or all of these types of activities could lead to serious injury and death. I hereby give my permission for my child to participate in all Sequoia’s Treehouse, LLC activities and programs. I also give permission for my child to travel in vehicles operated by Sequoia’s Treehouse, LLC staff, the Thurston County, Olympia, Lacey Metro transit system, and/or private transportation companies under the supervision of Sequoia’s Treehouse, LLC staff, employees, and other representatives.

Medical Treatment. I hereby give my permission for Sequoia’s Treehouse, LLC staff members to give my child emergency treatment including, but not limited to, first aid and CPR. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I waive my right of informed consent to such treatment.

INITIAL _____ Publicity Permission: By initialing this section, I hereby give my permission for my child’s picture to be used, without consideration of any kind, in publications or displays produced by or on behalf of Sequoia’s Treehouse, LLC and/or media coverage of Sequoia’s Treehouse, LLC activities.

INITIAL _____ Sunscreen Application: By initialing this section, I acknowledge that my child has no allergies or negative reactions to sunscreen and I hereby give my permission for members of the Sequoia’s Treehouse, LLC staff to apply sunscreen to my child. If I do not initial this section, I acknowledge that many Sequoia’s Treehouse, LLC activities take place outdoors, that my child will be exposed to sunshine, and that lack of sunscreen can put my child at risk of personal injury.

Waiver & Release of Liability. I acknowledge and assume all of the risks inherent in the activities described in this document and I hereby release and agree to hold harmless Sequoia’s Treehouse, LLC, its agents, employees, owners, and directors from all claims for injury, death, property damage and expenses, including attorneys’ fees, caused by or arising from my child’s participation in Sequoia’s Treehouse, LLC programs and use of Sequoia’s Treehouse, LLC facilities.

I certify (or declare) that I am a parent or legal guardian of the above-named child and that I have authority to authorize the activities and actions, and to make the statements, waivers and releases, described above.

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED