

# ROCKPORT ADVENTURE CAMP 2023 REGISTRATION FORM

CAMPER'S NAME: \_\_\_\_\_

DOB (DD/MM/YYYY): \_\_\_\_\_ GENDER: \_\_\_\_\_

2022/2023 SCHOOL GRADE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ REPEAT \_\_\_\_\_ FRIEND \_\_\_\_\_ SOCIAL MEDIA \_\_\_\_\_ OTHER.

LIST ANY SIBLINGS ATTENDING RAC IN 2023 \_\_\_\_\_

LIST ANY FRIENDS ATTENDING RAC IN 2023 \_\_\_\_\_

WEEK ONE (JUNE 5-9) \_\_\_\_\_ \$425

WEEK TWO (JUNE 12-16) \_\_\_\_\_ \$425

WEEK THREE (JUNE 19-23) \_\_\_\_\_ \$425

- *\$50 DEPOSIT DUE WITH APPLICATION (DEPOSIT NON-REFUNDABLE AFTER MARCH 31, 2023)*
- *TUITION DUE MAY 1, 2023*
- *MULTIPLE SESSIONS AND SIBLINGS RECEIVE 15% DISCOUNT*
- *\$50 DISCOUNT IF TUITION PAID IN FULL BEFORE MARCH 31, 2023*
- *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 pass 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

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## 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 \_\_\_\_\_

