

Rappahannock Nature Camp 2024 Registration form (One form per camper)

Full Name of camper _____ likes to be called _____

- Session 1 (June 10 - 14) Ages 12-16 Includes a campout on Thursday, June 13!
- Session 2 (June 17 - 21) Ages 8-16
- Session 3 (June 24 - 28) Ages 8-16
- Session 4 (July 1 - 5) Ages 8-16 *July 4 will be a regular camp day*
- I am including a tax-deductible donation of _____ to Rapp Nature Camp. (Thank you!)

I hereby grant permission for the above-named Rappahannock Nature Camper to participate in activities at Singing Creek and surrounding properties. I agree to hold harmless Rappahannock Nature Camp officers, board of directors, volunteers, camp staff, owners of the camp site and surrounding properties and their agents and employees from any and all loss, costs (including attorney's fees) and damages, including illness, personal injury or property damage, as a result of participation in the camp. Specifically, I have read and understand the camp's policies on health management and acknowledge the risk of association with fellow campers and staff. I agree not to allow my child to attend on any day when he or she is exhibiting or complaining of any symptoms of any kind of illness, and I will notify Camp Director or Camp Medic as soon as practical. I also agree to notify Camp Director of any COVID-19 symptoms or positive test results.

I understand that all campers, including my child, are expected to abide by camp rules and to participate safely and cooperatively in all activities, and that any camper's participation may be terminated immediately upon request by the Camp Director. I understand that camp staff is limited and disruptive behavior can be unsafe at camp. I understand and agree to abide by the camp's policies of: (1) participation in all activities, (2) no electronic devices to be brought to camp, and (3) no adult visits during camp hours, except in emergencies and as authorized by the Camp Director.

PHOTOS: I hereby [please check one] _____ do, or _____ do not grant permission for photos of my child to be taken during camp activities. Rapp Nature Camp agrees that photos may be used online, but camper names will not be identified without prior permission. I understand that Rapp Nature Camp and camp staff make no guarantees as to the use of photos taken by others.

parent or guardian

date

- My check is enclosed for the total of \$ _____

Camp Fee is \$225 per camper for one session, \$425 for 2 sessions, \$625 for 3 sessions, or \$825 for 4 sessions. Please inquire ahead of registering if tuition assistance is needed.

Rappahannock Nature Camp
Camper Health Form (One per camper!)
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Name of camper _____

Mailing address _____

email _____

Cell phone _____

Email or text message if needed during Camp?

Do you prefer email, postal mail, or both for pre-camp communications with details and directions?

Home Phone _____

Parent/guardian1 name & address

phones: _____

Parent/guardian2 name & address

phones: _____

Who will the camper be staying with during the session? _____

Emergency contacts:

1) name _____

phones: _____

2) name _____

phones: _____

*Insurance company: _____

Physician of choice: _____

*Insurance subscriber's name _____

Physician telephone: _____

Insurance Policy Number _____

Name of camper: _____ (likes to be called) _____

Date of birth: _____

Gender/ pronouns _____ height _____ weight _____

Date of last exam by physician: _____

Date of last tetanus immunization: _____

Any communicable diseases?

____no

____yes: _____

Please comment where applicable:

recent illness: _____

surgery: _____

injuries: _____

allergies (food or medicine): _____

restrictions on activities: _____

current medications/instructions: _____

I grant permission for camp staff to administer:

___Benadryl ___Tylenol (Acetaminophen)

___Advil (Ibuprofen)

Other: _____

Signature of parent/guardian:

seizures: _____

headaches: _____

special diet: _____

Any other information we should know:

PLEASE FEEL FREE TO ATTACH ADDITIONAL NOTES OR SPECIAL INSTRUCTIONS.