Rappahannock Nature Camp 2025 Registration form (One form per camper)

Full Name of camper	likes to be called

- □ Week 1 (June 9-13) Ages 12-16 Includes a campout on Thursday, June 12!
- □ Week 2 (June 16-20) Ages 8-16
- □ Session 3 (June 23-27) Ages 8-16
- Session 4 (June 30-July 4) 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 uses 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. Tuition assistance is available for campers in need; please inquire ahead of registering.

Rappahannock Nature Camp Camper Health Form (One per camper!) Page 1 of 2

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:
	Physician telephone:
*Insurance subscriber's name	
Insurance Policy Number	

Camper Health Form page 2 of 2	
Name of camper:	(likes to be called)
Date of birth:	
Gender/ pronounsheight	_weight
Date of last exam by physician:	
Date of last tetanus immunization:	
Any communicable diseases?	
no	
yes:	
Disease comment where emplicables	
Please comment where applicable:	seizures:
recent illness:	headaches:
surgery:	special diet:
injuries:	
allergies (food or medicine):	
restrictions on activities:	Any other information we should know:
current medications/instructions:	
I grant permission for camp staff to administer:	
BenadrylTylenol (Acetaminophen)	
Advil (Ibuprofen)	
Other:	
Signature of parent/guardian:	
	Help us prepare for a great Camp experience for your child by letting us know any concerns or conditions we should be aware of.