

Camp Wintergreen Registration Card

Please complete for children with the same last name.

Child's Full Name: _____

Age: _____ Sex: _____ Date of Birth: _____
Allergies: _____
Please indicate child's swimming ability:
 Not at all Beginner Intermediate Expert
Chronic/Physical/Developmental Problems and/or
Medical conditions, medications we should know about:

Immunization: *Please initial to acknowledge your child is up-to-date* _____

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 Not at all Beginner Intermediate Expert
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Age: _____ Sex: _____ Date of Birth: _____
Allergies: _____
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 Not at all Beginner Intermediate Expert
Chronic/Physical/Developmental Problems and/or
Medical conditions, medications we should know about:

Immunization: *Please initial to acknowledge your child is up-to-date* _____

Parent(s)/Guardian(s)
Parent/Guardian 1 Name: _____
Phone: _____
Email: _____
Parent/Guardian 2 Name: _____
Phone: _____
Email: _____
Emergency Contact: _____
Phone: _____

Person(s) authorized to pick up child/children:

Person(s) **not** authorized to pick up child/children:

Agreement & Release

Agreements Please initial on line provided.

- ___ 1. Parent/Guardian authorizes their child to be transported to and from the Treehouse to Lake Monocan, Wintergreen Trailheads, and the Aquatics & Fitness Center.
- ___ 2. The parent/guardian gives authorization for the child to participate in swimming:
___ Lake Monocan ___ No Swimming ___ Aquatics & Fitness Center
- ___ 3. The child care center agrees to notify parents if the child becomes ill, and the parent/guardian agrees to pick up thereafter as soon as possible.
- ___ 4. The parent(s)/guardian(s) agree to inform Camp Wintergreen within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease. Life threatening diseases must be reported immediately.
- ___ 5. The parent/guardian authorizes Wintergreen to obtain medical care and to transport the child to a medical facility in the event of an emergency.
- ___ 6. Camp Wintergreen staff reserves the right to 1.) Refuse acceptance of child due to capacity limitations 2.) Refuse acceptance of child with an obvious contagious illness 3.) Remove child suffering from an illness 4.) Remove child with poor behavior after notifying the child's parent/guardian.
- ___ 7. Parent/Guardian authorizes Camp Wintergreen staff to apply the following:
 Sunscreen Insect Repellent Other
 Known adverse reactions: _____

I understand that my child will participate in the activities indicated on this form. I understand the risks and dangers that are involved in these activities. I agree to be responsible for any injuries that may occur to my child and resulting medical expenses that may result from these activities. I agree to indemnify and hold harmless Wintergreen Resort, its officers, directors and employees against any claims, losses or expenses they may incur as the result of my child's participation in these activities including medical expenses, court costs and reasonable attorney's fees. In the event my child is removed from these activities for reasonable cause, I will promptly pick up and remove my child from this program.

Name Parent/Guardian (printed): _____

Signature: _____ Date: _____

Administrator: _____

Wintergreen Resort Consent for Use of Photography

I have permitted Wintergreen Resort to use the photo/likeness of my child for use in advertising, the resort website, in-house programming and social media. I agree not to make any claim or demand in connection with the use of this photography.

Parent/Guardian Signature: _____