

KIDS KAMP 2022 Registration Form...



Date: _____

Childs Name: First _____ Last _____

Preferred Nickname: _____

Gender: Male Female Birth Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email Address: Mother _____ Father _____

Permission to add email to the AANR Midwest Kids Kamp email list: yes no

In Case of Emergency call: _____

Mother's Name: _____ Phone No: _____

Father's Name: _____ Phone No: _____

Person dropping off child: _____

Relationship to child: _____ Member Cedar Trails? yes no

Person picking up child: _____

Relationship to child: _____ Member Cedar Trails? yes no

Above child will be under the supervision of (name) _____

Makes checks Payable to: (note venmo, paypal, and zelle are accepted methods of payment also)

Susan Cappa (Do not make checks out to Cedar Trails)

1662 Becker Drive
Fairfield, OH 45014

Contact: CTkidskamp@gmail.com 513.368.3007

For office staff

Fees: \$100 tuition for week if paid before 5/16/22. Otherwise \$125
\$110 Meal Plan for the Week: 16 meals

Fee Collected: _____ Date: _____ per (initials) _____

Add to email list? yes no

Collected Medical yes no

Letter of Permission if applicable yes no

Email form to: CTkidskamp@gmail.com

Cedar Trails Nudist Retreat KiDS Kamp

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HEALTH FORM AND CONSENT TO MEDICAL TREATMENT

Date: 6/19/22-6/25/22

Please read and complete both sides of this sheet and return **immediately** to the Susan Cappa 1662 Becker Drive, Fairfield, OH or CTkidskamp@gmail.com email It is **extremely** important that we have these forms in time to review them **before** the program begins.

Our policy prohibits staff from administering or carrying medication for campers, so please be sure your child knows the proper way to carry and use his/her inhaler, epi-pen, or other medication.

******Please be sure that all telephone numbers are legible, indicate if cell and which # to call first.******

Child's full name _____ Gender: M F Birth date _____

Nickname or name child prefers to be used _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Telephone Alternate _____

Email Mother _____ Father _____

In case of emergency, call _____ Telephone _____

Father's name _____ Mother's name _____

Pediatrician/Family Physician _____ Telephone _____

Date of last physical examination _____ By _____ Telephone _____

1. Immunization record (check) DPT (diphtheria, pertussis, tetanus) MMR (measles, mumps, Rubella) Polio

2. Known or suspected allergic reactions, (please check):

- Antibiotics or other medications (specify) _____
- Asthma (please describe severity) _____
- Environmental agents (check all that apply): dust molds pollen cats dogs horses
- Insect bites, bee, wasp or hornet stings (describe) _____
- Poison ivy _____
- Food (please list and describe): _____
- Shellfish allergies _____ May be induced when eating insects such as cicadas.
- Other _____
- NO KNOWN ALLERGIC REACTIONS

Does your child require medication for any of these allergic reactions? Yes No

Explain:

3. Please list any medications (other than those mentioned above) that your child may be taking:

4. General Health Status. For each item, indicate "none" or give brief description (use "Comments" section), as needed.

- a) Recent surgery/illness _____ d) Nervous habit _____
 - b) Broken bones _____ e) Emotional _____
 - c) Headaches/seizures/convulsions _____ f) Other limiting conditions _____
- Comments _____

5. What other characteristics about your child would it be helpful for us to know about (interests, talents, fears, social skills, etc.)?

CONSENT: IN CASE OF ANY CONDITION REQUIRING MEDICAL TREATMENT, I hereby authorize Cedar Trails Nudist Retreat personnel and Kids Kamp Staff to obtain medical treatment, hospitalization, medication, injections, anesthetic or surgery for the child named above when such treatment or hospitalization is considered necessary in the opinion of a licensed physician. Further, I hereby agree to pay for the medical treatment authorized above. I do / do not carry medical insurance with:

Carrier _____ By: _____
signature Mother Father Legal Guardian

Policy Number _____ Date: _____

(Please read and sign 2nd page)

**Cedar Trails Nudist Retreat
Kids Kamp
PROGRAM RELEASE FORM**

Some of the usual activities in which children participate during the Kids Kamp programs can include, but are not limited to:

Organized exploration of the outdoors (including, but not limited to, walks and trips to woods, zip line, lake, and other natural areas for educational purposes).

Animal handling (with contact including, but not limited to, captive non-venomous snakes, frogs, salamanders; free-living animals such as crayfish, fish, frogs, turtles, insects; and occasionally dogs and other domestic animals used in demonstration programs).

These activities can, by their nature, pose some risk to the participants, including, but not limited to, physical or emotional stress, physical risk and exposure to environment or contact allergens (dust, mold, pollen, animals, poison ivy, grasses, and insect bites and stings, among other things). On very rare occasions non-venomous snakes may bite. It is important to note that some of these risks are in addition to the usual risks attendant to summer kamp experiences.

Therefore, our staff needs to be informed of any and all physical, emotional, developmental, learning, or health limitations of which you are aware that might place your child at greater than normal risk during participation in this program. Thus, it is incumbent upon you to complete the reverse side of this page thoroughly, clearly, and thoughtfully.

CONSENT AND RELEASE:

I have read, or had explained to me, and understand the preceding paragraphs and have completed the health form on the reverse side of this page to the best of my knowledge. I consent to allow my child, or to engage myself, in activities of the type mentioned above and agree to assume the reasonable risk of participation in these activities. Further, in consideration of being permitted to participate in the Cedar Trails Nudist Retreat Kids Kamp, I hereby release and waive individually and on behalf of my child any and all claims, demands, and causes of action which either of us now has, or may in the future have, against the Cedar Trails, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, however caused, including by negligence, resulting from, or arising out of, or in any way connected with the program.

Minor's Name: _____

By: _____
Parent (father) or Legal Guardian

Date: _____

By: _____
Parent (mother) or Legal Guardian

Date: _____