



Finding Harmony In Nature
2020 – Summer Camp

Please Fill In A Separate Registration Form For Each Camper

Child's Name _____

Age _____

Parent/Guardian Name _____

Relationship To Child _____

Address _____

City/State/Zip _____

Home Phone _____

Work/Cell Phone _____

Email (Required) _____

Located at The Farm – 6201 Six Mile Road Racine, WI 53402 (Adjacent To The Caledonia Conservancy)

All Sessions 9am – 2pm

___ Camp Session #1: Monday, July 6 – Friday, July 10 (\$150)

___ Camp Session #2: Monday, July 13 – Friday, July 17 (\$150)

___ Camp Session #3: Monday, July 20 – Friday, July 24 (\$150)

*Indicate your choice above

*Campers are welcome to join us for more than one week

Total payment enclosed _____

Please make checks payable to **Family Power Music**
1147 Jefferson St. Racine, WI 53404
262-598-4803 or 727-505-7339
familypowermusic.com



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Camper Medical Form

This form must be submitted for each child on or before his or her first camp day in order to participate.

These forms only need to be submitted once per summer unless any information changes. All fields must be filled in, even if just listing not-applicable. This form is required for all participants. Without this information we will not know the severity of your child's condition or the proper treatment / actions needed in case of an emergency.

General Information

Child's Name _____ Date Of Birth _____ Gender _____

Primary Address _____ City/State/Zip _____

Emergency Contact Information

Primary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Primary Email _____

Secondary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Secondary Email _____

Medical History and Special Considerations

Mark Any Special Medical Conditions That Your Child May Have

___ No Specific Medication Condition

___ Asthma

___ Any Disorder Including Cognitive, LD, ADD, ADHD, or Autism

___ Other Condition(s) Requiring Special Care – Please Specify _____

___ Food Allergies – Please Specify _____

___ Non-Food Allergies – Please Specify _____

Triggers That May Cause Problems _____

Signs or Symptoms to Watch For _____

When to Call Parents Regarding Symptoms? _____

Sunscreen / Insect Repellent Authorization

If Authorizing, the Sunscreen or Insect Repellent Shall be Provided and Labeled With the Child's Name.

___ Yes ___ No I Authorize Summer Camp Staff to Apply Sunscreen To My Child

Brand Name _____ SPF _____

___ Yes ___ No I Authorize Summer Camp Staff to Allow My Child to Self-Apply Sunscreen

___ Yes ___ No I Authorize Summer Camp Staff to Apply Onsite Insect Repellent to My Child

___ Yes ___ No I Authorize Summer Camp Staff to Apply the Onsite Insect Repellent That I Provide

Brand Name _____ Strength _____

___ Yes ___ No I Authorize Summer Camp Staff to Allow My Child to Self-Apply Insect Repellent

Additional Authorized Pick-Up

Contact_____ Relationship_____

Daytime Phone_____ Alternate Phone_____

Contact_____ Relationship_____

Daytime Phone_____ Alternate Phone_____

Consent and Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in the programs at the 2020 Summer Camp. I hereby authorize Summer Camp personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings. I understand that the medical fees associated with this will be charged to me.

Parent / Guardian Signature_____

Date_____



Emergency Medical Authorization, Youth Waiver, and Release of Liability

In consideration of being allowed to participate in any way in 2020 Summer Camp related events and activities, the undersigned:

1. The parent(s) acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

2. Release, waive, discharge and covenant not to sue the 2020 Summer Camp staff, their respective administrators, directors, agents and other employees of the WATERshed or Family Power Music, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

3. All photos taken by the 2020 Summer Camp staff can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian.

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER, AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY

Camper's Name _____

Date _____

Signature _____

Relationship to Student _____