

# 200\_ REGISTRATION FORM

PLEASE READ and PRINT CAREFULLY

Faxed registrations are not accepted

COMPLETE ONE REGISTRATION PER CHILD

INCLUDE \$35.00 REGISTRATION FEE PER CHILD

Misty Hollow Adventures  
19061 AL Hwy 157  
Moulton, Al 35650  
256-476-6281  
www.mistyhollow-adventures.com

Camper's Name \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Name Child Goes By/Nickname \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Allergies \_\_\_\_\_

Physical Handicaps \_\_\_\_\_ Please describe any important information that you feel we should be aware of (behavior issues, divorce, medical needs, ect.) \_\_\_\_\_

Grade this Fall \_\_\_\_\_ **Please Indicate Which Camp You Would Like To Register For**  
\_\_\_ Day Camp (5-12) \_\_\_ Adventurers' (12-16) \_\_\_ Explorers'(9-14) \_\_\_ Endurance Expedition Camp(14-17)

**Please Indicate 1<sup>st</sup> Choice Camp Session(s)** Mini Camp/Growin Together Camp \_\_\_\_\_ **Other**

Session 1,  Session 2,  Session 3,  Session 5,  Session 6,  Session 7,  Session 8,  Session 9

**Please Indicate 2<sup>nd</sup> Choice Camp Session(s)** Camp/Growin Together Camp \_\_\_\_\_ **Other**

Session 1,  Session 2,  Session 3,  Session 5,  Session 6,  Session 7,  Session 8,  Session 9

## CAMPER INFORMATION CARD

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Camp \_\_\_\_\_

Names/Ages of Siblings Attending Camp \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Child lives with Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian/Relationship \_\_\_\_\_

Who should we contact first in an emergency? \_\_\_\_\_

**Persons listed on this form have permission to pick up my child from school (include yourself). Children will NOT be released to anyone whose name is not listed below, unless notified by parent/guardian.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you read the parents notes section of brochure? \_\_\_\_\_ My child's immunizations are up to date \_\_\_\_\_  
Have you read and agree to the Liability Release Waiver? \_\_\_\_\_ Have you received required Gear List? \_\_\_\_\_

**This Must Be Signed**

I, the undersigned, have read and understand the camp's registration information and parent's notes listed in the brochure. As part of the consideration for the Camp to accept the above named child, I give my permission for my child to participate in all structured activities at Misty Hollow Adventure Camp. I give permission for Misty Hollow Adventure Camp and it's staff TO SEEK ANY EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY IF UNABLE TO LOCATE ME. I understand and accept that my child will be handling live animals and I further understand my child will be engaged in activities in and around the vicinity of naturally occurring wildlife and it's habitat and agree to not hold Misty Hollow Adventures liable or accountable for incidental encounters of such wildlife/animals. I further understand and accept that as part of the consideration for the above named child to attend Camp that HE/SHE will be participating in activities which may be considered dangerous and the Camp shall not be liable for any damages whatsoever in the event of injury, illness, or death of said child by any cause whatsoever, including negligence by the Camp, its directors, and employees therewith and agree to not hold Misty Hollow Adventure Camp or its entities, directors, and employees therewith of any such liability, and I agree to pay any such damages, and to also pay any attorney's fees and costs of the Camp if any claim is made against the Camp, its directors, or employees.

I recognize that this is an educational facility and understand my child may be exposed to events which may be graphic in nature, such as a live animal birth and other naturally occurring events. I also agree that any photos/videos taken at camp may be used for promotional materials. I also give Misty Hollow Adventures Staff permission to search personal belongings if they see necessary.

PARENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT PROCEEDURE**

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_  
Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Name of Insured \_\_\_\_\_

In the event of serious injury or illness, we will: **KNOWN ALLERGIES** \_\_\_\_\_

Administer first aid treatment

Telephone the child's doctor for instruction. In the event the child's doctor cannot be reached, the Camp will telephone the Camp's doctor choice.

Child's Doctor is \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist is \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

**Responsible person to contact if parents cannot be reached**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

I hereby give permission for Misty Hollow Adventure Camp to administer emergency first aid treatment to my child named, \_\_\_\_\_. I further authorize Misty Hollow Adventure Camp to arrange for professional emergency hospital, medical, or surgical treatment in the event my child suffers injury or becomes ill while at Camp. I agree to be responsible for payment of all hospital and professional medical or surgical treatment rendered to my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_