

Venture Out 2009 Registration Form

A \$50.00 deposit is required for all registrations. Balance is due 10 days prior to expedition.
Please type or print.

Expedition _____
Name of Camper _____
Last First Prefers to be called
Circle: Male / Female Grade Next Fall _____ Date of Birth _____ Age _____
Parent name _____ Email _____
Last First
Street Address _____
Street City State Zip
Phone _____ Work _____ Cell _____
Emergency Contact _____ Phone _____
Are you Episcopalian? _____ If so, what parish? _____
If not, what is your religious affiliation? _____
Have you ever been on a Venture Out! trip before? _____
How did you find out about Venture Out? _____

Registrations will not be processed until a deposit or full payment has been received and the Health Form has been completed. Please read over-the-counter medication procedures on the second page of this application.

Campers: Please read and sign the following statement:

If accepted, I will participate in the Venture Out! program and follow all the rules. I understand that the use or possession of tobacco, illegal drugs, and/or alcohol will result in my immediate dismissal from camp. I will not bring a cell phone or other communication device.

Camper's signature _____ Date _____

Parents: Please read and sign the following statement:

In case of emergency, I give permission for the staff of Camp McDowell to select a physician and seek medical treatment for my child. I give permission for my child to receive over the counter medication from the camp nurse or Venture Out! leaders following physician guidelines. I understand that if my child participates in Venture Out!, he/she will be treated by the Venture Out! staff. I give permission for photographs of my child to be used for promotional purposes by Camp McDowell. I understand that I am financially responsible for property damages caused by my child's behavior.

Parent's signature _____ Date _____

To request a scholarship, please contact Michael Goldsmith at 205-387-1806 or michael@campmcdowell.com. Please consider making a contribution to the Camp McDowell Scholarship Fund when paying your registration fee.

For further information about Venture Out! Contact Alicia Hall at 205-387-1806 or ventureout@campmcdowell.com.

**Please mail form and \$50 deposit to: Camp McDowell
Venture Out! Registration
105 DeLong Rd
Nauvoo, AL 35578**

McDowell Environmental Center
STUDENT HEALTH FORM
(All information is confidential—PLEASE PRINT)

STUDENT NAME: _____
(Last) (First) (Middle)

Primary Physician: _____ Physician Phone #: () _____

Parent/Guardian: Name: _____ Student - Sex: M F Age: _____ Grade: _____

() _____ () _____ () _____
(Primary Phone Number—i.e. Home) (Secondary Phone Number—i.e. Cell) (Alternate Phone Number—i.e. Work)

Emergency: _____
(NAME) (Relationship to Student) (Day Phone) (Evening Phone)

Student Info: Birth Date: _____ Tetanus: _____ Height: _____ Weight: _____ Contacts? Yes / No
(Month Day/Year) (YEAR)

Any Known ALLERGIES to:	Type	Treatment
• Insects	yes / no _____	_____
• Food	yes / no _____	_____
• Plants	yes / no _____	_____
• Animals	yes / no _____	_____
• Medicines	yes / no _____	_____
• Other	yes / no _____	_____

HEALTH CONCERNS:

Is student on a special diet? **Y / N** Please explain (what **CAN** they eat as well as what they **CANNOT**)

Health Problems: _____

PHOTO RELEASE

"I give my permission for any photos or videos taken of my child or any artwork made by my child during educational programs at the Center to be used for the public relations of the program."

ACCIDENT INSURANCE COVERAGE

Accident Insurance costs are covered in the program fee and protect all students throughout the program. The maximum benefits are Sickness, \$1000; Accidents, \$2500; and Loss of Life, \$2500. Parents or guardians are responsible for expenses in excess of these amounts.

PLEASE COMPLETE AND READ THE BACK SIDE OF THIS FORM REGARDING MEDICATIONS WHILE AT CAMP.

PLEASE SIGN THE BACK OF THIS FORM (PG 2)

