

ADIRONDACK CAMP PHOTO LIKENESS POLICY

Unless instructed differently by you in writing, Adirondack Camp reserves the right to make, own, and use, at its discretion, digital and printed images, video, audio, pictures, testimonials and other representations (collectively "likenesses") taken of your child while participating in Camp activities, for the purpose of ongoing marketing and informational efforts by the Camp through the display of such likenesses in various mixed digital and print media, including but not limited to promotional brochures, calendars, DVD's, advertisements, the Camp website, and Camp related search sites. Such use, however, shall always be in good taste, never compromising and without attribution to any family names, age or other personal information — all of which shall continue to be held in the strictest of confidence in accordance with Adirondack Camp's privacy policy (See-<http://www.adirondackcamp.com/node/78>). **Please SIGN** one of the boxes below. If we do not receive this form back we will assume that you have given permission for your child to be photographed.

Yes, I have read the above Camp privacy policy **and agree** that such likenesses of my child be used accordingly by Adirondack Camp and I waive any rights of compensation or ownership thereto.

Camper Name: _____

Parent/Guardian Signature: _____ **Date:** _____

No, I DO NOT give my permission for photos or video or other likenesses of my child to be used in Adirondack Camp promotional material.

Camper Name: _____

Parent/Guardian Signature: _____ **Date:** _____

ADIRONDACK CAMP OFF-SITE SWIMMING PERMISSION

Our campers often go on trips outside of Camp during which time they may have the opportunity to go swimming. The New York State Department of Health requires that our wilderness lifeguard staff perform certain preliminary safety checks of the swim site and also that we have permission from parents for their camper to participate. **Please SIGN** one of the boxes below and return with the enrollment application. Please feel free to call us at (518) 547-8261 if you have any questions. Thank you for your cooperation.

Yes, I give my permission for my child to participate in off-site swimming.

Camper Name: _____

Parent/Guardian Signature: _____ **Date:** _____

No, I DO NOT give my permission for my child to participate in off-site swimming.

Camper Name: _____

Parent/Guardian Signature: _____ **Date:** _____

RETURN

ADIRONDACK CAMP SCHEDULE PREFERENCES
(to be completed by parent AND camper)

Our mission is to help you make your summer at Adirondack Camp a rewarding and memorable experience. Together we hope to create a fun and challenging schedule of activities. To do this, we need your input on the activities that you would prefer to incorporate into your schedule. This selection is input into the computer, and serves as the basis for your weekly schedule at Camp.

Please select your top ten favorite activities from the list below, with 1 being your VERY favorite. **You will notice “swimming” is not an option, as everyone is required to participate.** Due to space and time constraints, we cannot guarantee any definite schedule, but will do our best to adhere to your choices.

CAMPER NAME _____

AGE (as 06/29/10): _____ SESSION: _____ CABIN: _____

Activities

- | | |
|-------------------------------|----------------------|
| Archery | Kayaking |
| Basketball | Music |
| Canoeing | Rock Climbing |
| Creative Arts | Sailing |
| Culinary Fun (cooking) | Soccer |
| Drama | Sports (field games) |
| Eagle~i Video | Tennis |
| Fencing | Water-Skiing |
| Fishing | Wilderness Trips |
| Guest Artist (changes weekly) | Wind Surfing |
| Stand Up Paddleboarding | Volleyball |

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

I give my child permission to partake in/purchase the following: (You will be billed after trip is taken)

White-water Kayaking on the Sacandaga River- \$150.00 Yes No

Campers can experience the number one teaching river in the Adirondacks with our kayaking staff and a New York state licensed white-water kayaking guide. Campers must take at least one week of kayaking at camp, demonstrate skill proficiency, and be cleared by our staff before the trip. Two trips per session.

White-water Kayaking on the Hudson River- \$200.00 Yes No

Those senior campers who have demonstrated their skills on the Sacandaga white-water kayaking trip, and been approved by our New York state licensed white-water kayaking guide, may then choose to challenge themselves on the Adirondack’s premier white –water in the scenic Hudson River Gorge. One trip per session.

White-water Rafting: \$150.00 Yes No

Campers ages 9 (up) enjoy an exciting day of whitewater rafting on the Hudson River with Wild Waters Outdoor center.

Parent Signature: _____ **Date:** _____

RETURN

ADIRONDACK CAMP TRANSPORTATION

CAMPER NAME: _____ SESSION: _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

PLEASE CHECK HOW YOUR CAMPER IS ARRIVING TO CAMP

<p>CAR to Camp Arrival Time: _____ *Please arrive between 1 and 5 pm</p>	<p>Driver: _____</p>
<p>\$100 – NYC Bus to Camp</p>	<p>One duffel and backpack per camper. Sorry, no trunks allowed on bus!</p>
<p>\$100 – Tarrytown Bus to Camp</p>	<p>One duffel and backpack per camper. Sorry, no trunks allowed on bus!</p>
<p>\$125 – Burlington, Vermont Burlington International Airport (BTV) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____</p>	<p>Departing from _____ Departure time _____ Airline: _____ Flight Number: _____ Arrival Time in Burlington: _____ E-ticket # _____ Paper ticket # _____</p>
<p>\$125 – Albany, New York Albany International Airport (ALB) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____</p>	<p>Departing from _____ Departure time _____ Airline: _____ Flight Number: _____ Arrival Time in Albany: _____ E-ticket # _____ Paper ticket # _____</p>
<p>\$175- Boston, Massachusetts Logan International Airport (BOS) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____</p>	<p>Departing from _____ Departure time _____ Airline: _____ Flight Number: _____ Arrival Time in Boston: _____ E-ticket # _____ Paper ticket # _____</p>

DEPARTURE INFORMATION ON BACK
(OVER)

RETURN

PLEASE CHECK HOW YOUR CAMPER IS DEPARTING FROM CAMP

	CAR from Camp Pick-up Time: _____ * Pick up is between 9 & 11 am	Driver: _____
	\$100 – Bus from Camp to NYC Trunk sent home on the bus? Yes ___ No ___ Trunk being shipped? UPS _____ Fedex _____	\$45 fee each for trunk or extra duffels. *If not specified, all trunks will be shipped at Camper’s expense via UPS.
	\$100 – Bus from Camp to Tarrytown Trunk sent home on the bus? Yes ___ No ___ Trunk being shipped? UPS _____ Fedex _____	\$45 fee each for trunk or extra duffels. *If not specified, all trunks will be shipped at Camper’s expense via UPS.
	\$125 – Burlington, Vermont Burlington International Airport (BTV) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____, If yes has the fee been prepaid? Yes: ___ No: _____	Destination City: _____ Departure Time: _____ Airline: _____ Flight Number: _____ E-ticket # _____ Paper ticket# _____
	\$125 – Albany, New York Albany International Airport (ALB) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____, If yes has the fee been prepaid? Yes: ___ No: _____	Destination City: _____ Departure Time: _____ Airline: _____ Flight Number: _____ E-ticket # _____ Paper ticket # _____
	\$175- Boston, Massachusetts Logan International Airport (BOS) *Is your child flying as an unaccompanied minor? Yes: _____ No: _____, If yes has the fee been prepaid? Yes: ___ No: _____	Destination City: _____ Departure Time: _____ Airline: _____ Flight Number: _____ E-ticket # _____ Paper ticket # _____

Total Cost for transportation to and from Camp (including trunk) \$ _____ Please charge to my Credit Card# _____ Exp. Date _____ Check # _____

Signature _____ Date _____

RETURN

ADIRONDACK CAMP MEDICAL FORM

RETURN TO CAMP by May 1st, 2010

[To be completed front and back, SIGNED BY PHYSICIAN and parent or staff. Valid only if accompanied by front and back copy of most recent insurance card.]

Last Name _____ First _____ Age _____

Sex _____ Date of Birth _____ Session _____ Home Phone _____

Address _____ Cell Phone Mother _____

Day Phone Mother _____ Day Phone Father _____

Cell Phone Father _____

Pediatrician: _____ Telephone _____ Pediatrician Address _____

**Name and phone number of at least two persons whom we may contact in case of emergency.
(Other than parents)**

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Medical Insurance and Prescription Card Information

Name of Insured _____ Social Security# _____ Insurance Co. _____

Insurance Co. mailing address _____ Phone# _____ Policy ID # _____

Does your child have a separate insurance card for prescriptions? Yes _____ No _____ If yes please provide a copy of the card.

If Insurance not accepted, payment is expected at time of service.

Credit Card# _____ Exp. Date _____ 3 Digit code _____

*****PLEASE PROVIDE A COPY OF FRONT AND BACK OF INSURANCE AND PRESCRIPTIONS CARDS WITH THIS FORM!!!**

Health Concerns

Please note any other issues/concerns relating to your child's health, which you feel could be important or helpful to the camp (menstruation, contagious diseases, serious injuries, operations, allergies etc.).

Drug Allergies _____ Reaction _____

Food Allergies _____ Reaction _____

(Please read the paragraph below and sign before returning to camp.)

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child. And in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for me/my child as named above. This form may be photocopied for the use out of Camp.

Parent or Staff Signature

Date

RETURN

PHYSICAL REQUIREMENTS

All campers and staff must have a physical examination dated within one year and signed by a physician. Part II (below) must be completed and signed by your physician. This form must be on file with the camp prior to the first day of June. **Failure to comply with the above requirements may prevent you/ your child from participating in Camp activities.**

Part II. TO BE COMPLETED BY PHYSICIAN

Please fill in all spaces with dates or "not immunized".

<u>Date of Initial Immunization</u> (Month/Day/Year)	<u>Date of Booster Doses</u>
DPT/DT 1. ___/___/___ 2. ___/___/___ 3. ___/___/___	1. ___/___/___ 2. ___/___/___ 3. ___/___/___
Polio 1. ___/___/___ 2. ___/___/___ 3. ___/___/___	1. ___/___/___ 2. ___/___/___ 3. ___/___/___
Haemophilus Influenza type b ___/___/___	Hepatitis b ___/___/___ Varicella ___/___/___
Live Measles Vaccine ___/___/___	Mumps ___/___/___ Rubella ___/___/___ MMR ___/___/___ Booster ___/___/___
Menactra _____	Declined _____ Tuberculin Test (last date only) ___/___/___ Result _____

All campers and staff residing outside the United States must have a TB test within past year.

Please note history of any of the following diseases: Please circle any that apply and give date of occurrence.

Diabetes	<u>Dates</u>	Birth Defects or Injury	<u>Dates</u>
Heart Disease		Past Operations	
Epilepsy		Hearing Difficulty	
Chronic or serious illnesses		Speech Difficulty	
Migraines		Asthma (Requires asthma plan)	
Major Injuries			

Height: _____ **Weight:** _____ **Blood Pressure:** _____

Any medication to be administered at Camp. Please specify times and dosage

<u>Drug</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason</u>
1. _____			
2. _____			
3. _____			

PHYSICIAN SIGNATURE:

I have examined _____ on _____

and find him/her in good general health and able to participate in all Camp activities without restriction.**

** (Activities may include but are not restricted to Archery, Athletics, , Canoeing, Fencing, Fishing, Hiking, Kayaking, Rock-climbing, Sailing, Soccer, Swimming, Waterskiing, Windsurfing)

Physician Name _____ Physician Signature _____ Date _____

RETURN