

# Camper Information

Camper Name \_\_\_\_\_

What name does your camper prefer to use? \_\_\_\_\_

How does your camper identify as Male, Female or non-binary?

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade to be completed in May? \_\_\_\_\_

School Camper Attends \_\_\_\_\_

## Parent/Guardian Information

Primary Contact's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

Additional Phone \_\_\_\_\_

Email \_\_\_\_\_

(We need this to communicate with you.)

Secondary Contact's Name \_\_\_\_\_

Secondary Contact's Relationship \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

Additional Phone \_\_\_\_\_

If I cannot be reached, call

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

Does your camper have any physical limitations?

\_\_\_\_\_  
\_\_\_\_\_

Does camper have any allergies?

\_\_\_\_\_  
\_\_\_\_\_

Does camper have any emotional or social differences that we should be aware of?

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Does camper have other medical problems that require special attention?

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Is camper taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list medication and dosage instructions for each day camper will need it on the medication form.

All medications (prescription and OTC) must be turned in at time of registration, in original containers, with doctor's recommended dosage or instructions on container.

Do we have your permission to do basic first aid as necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we give camper medication for pain, if yes please indicate preference?

No \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_

Can we provide camper with sunscreen and/or bug spray?

## MEDICAL PERMISSION & ACKNOWLEDGMENTS:

My child has my consent to attend the SWAMP Film Bootcamp. It is my understanding in the event that I cannot be reached:

The physician/medical facility has my permission to treat my child.

I do not hold SWAMP, CREED Global Media, The CREED Collective, 6363 Richmond Management, LLC and Management Agent "Ardenwood Group" or any of its agents or representatives responsible for the health and safety of my child while on the premises.

I further certify that to my knowledge; my child has not been exposed to any contagious diseases within the last thirty days.

I also certify that my child is not positive for COVID 19 and my family continues to take measures to ensure that we remain COVID free throughout the duration of camp.

I have read carefully and agree that my child will comply with all rules and regulations, either posted or stated by the camp's staff, or risk being sent home from camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I understand that my child may be photographed or videotaped while at SWAMP Film Bootcamp.

SWAMP, CREED Global Media, and The CREED Collective has my permission to use these pictures in promotional material. I understand that no identifying information will be provided with the photos.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## UNDER AGE 18 DRIVER

My child has permission to sign themselves into camp and out of camp after the first day.

I have made my child aware that they must leave their vehicle parked in the designated area.

My child understands that they can not drive while camp is in session and that I will be notified if they

arrangements with the camp director and give us written permission.) Drivers under the age of 18 are not allowed to transport other minors, excluding immediate family members. ( Please cross this section out if it does not apply to your child.)

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_