



Camper Information



Which weeks are you registering for? Week 1 ____ Week 2-3 ____

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?



Does camper have other medical problems that require special attention?

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 leave camp for any reason. (If exceptions to this policy are needed the parent/guardian must make 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 _____