



**CAMP ECOVENTURE  
REGISTRATION FORM**

**SECTION I – BASIC CONTACT INFORMATION**

Camper's Name \_\_\_\_\_  
LAST FIRST MI

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender  Male  Female Grade entering this coming September \_\_\_\_\_

Camper attended EcoVenture last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mother/Guardian Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Father/Guardian Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_





**SECTION VII - IMMUNIZATION RECORD**

Camper's Name \_\_\_\_\_

**You may attach a complete immunization form from your child's Physician or fill out the following immunization information with the month and year of each immunization.**

Vaccine	Type of Vaccine 1	Date given (mo/day/yr)	Source (S or P) 2	Site 3	Route (IM, SC, IN or OesP)	Vaccine	Vaccine Information			Results: Positive/Negative.
						Lot #	Mfr.	Date on VIS 4	Date given/Initials	
<b>Diphtheria, Tetanus, Pertussis</b> (e.g. DTaP, DTaP-Hib, DTaP-HebB-IPV, DT, Tdap, Td) Route IM.										
<b>Polio</b> (e.g., IPV, Dtap-HebB-IPV) IPV Route SC or IM DtaP-HepB-IPV Route IM.										
<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV) Route SC										
<b>Haemophilus influenzae type b</b> (e.g., Hib, Hib-HepB, DTaP-Hib) Route IM.										
<b>Hepatitis B</b> (e.g., HepB, Hib-HepB, DTaP-Hib) Route IM.										
<b>Varicella</b> (e.g., Var, MMRV) Route SC.										
<b>Pneumococcal</b> (e.g., PCV, conjugate; PPV, polysaccharide) PCV Route IM. PPV Route SC or IM.										
<b>Rotavirus (Rv)</b> Route Oral <b>Never given after 32 weeks of age</b>										
<b>Hepatitis A or C</b> (HepA, HepC) Route IM.										
<b>Human Papillomavirus (HPV)</b> Route IM.										
<b>Meningococcal</b> (e.g., MCV4, conjugate; MPSV4, polysaccharide) MCV4 Route IM. MPSV4 Route SC.										
<b>Influenza</b> (e.g., TIV, inactivated; LAV, live attenuated) Route TIV IM. Route LAIV IN.										
<b>TB Mantoux Test</b>										
<b>Other</b>										

**SECTION VIII – RLHT PERMISSIONS & INDEMNIFICATIONS**

Camper’s Name \_\_\_\_\_

**PERMISSION AND INDEMNITY**

I give permission for my child, **named above**, to participate in any and all Rangeley Lakes Heritage Trust youth program activities, including day trips and overnights. I understand that these activities will include vehicle travel, boating, hiking, sailing, swimming, team sports, and other activities which create some risk of injury.

In consideration of the opportunity for my child to participate in youth program activities, I, for myself and on behalf of my child, release the Rangeley Lakes Heritage Trust, its employees, volunteers, directors and officers, and the owners and operators of vehicles and water craft and the owners and lessees of land where youth program activities occur, from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney’s fees) occurring to my child in connection with my child’s participation in youth program activities. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney’s fees) caused to anyone by my child.

**Please initial** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY HOSPITALIZATION AND SURGERY**

I give permission for such diagnostic, therapeutic and operative procedures to be performed by a duly licensed physician or surgeon as the said doctor shall have deemed necessary for my child, named above, with the understanding that no operation will be performed except in extreme emergency without a reasonable effort on the part of the Rangeley Lakes Heritage Trust to contact the responsible parent or guardian by telephone or other expedient means.

**Please initial** \_\_\_\_\_

**PARENT/ GUARDIAN ASSUMPTION OF RESPONSIBILITY**

I hereby certify that my child, named above, has **no** limitations which would preclude his/her participation in the Rangeley Lakes Heritage Trust youth program activities.

**Please initial:** \_\_\_\_\_

**MEDIA RELEASE**

I authorize and consent to the use of photos / videos taken of my child without present or future compensation in newspapers, newsletters, and the website or in other ways to inform the public about the Rangeley Lakes Heritage Trust.

**Please initial** \_\_\_\_\_ **I do not give consent – Please initial** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name