

WALDEN WEST CAMPER INFORMATION FORM FOR WILD THINGS 2016

15555 Sanborn Road, Saratoga, CA 95070 Tel: (408) 573-3050 Fax: (408) 867-9667

Please send this form at least one week prior to your child's first week of camp.

You may send it now if you would like.

Circle week/s attending: 6/13, 6/20, 6/27, 7/5, 7/11, 7/18, 7/25, 8/1

Child's name _____ age _____ birthdate _____

Address _____ city _____ zip _____

Parent/guardian _____ day tel# _____

Cell# _____ eve tel# _____

Additional contact (must be local) name: _____ phone: _____

List any health concerns we need to be aware of:

**If you would like your child to be able to take any medication
While at Walden West you must complete a separate physician form.**

Please initial all that apply and sign below:

MEDIA RELEASE STATEMENT

___ I give my permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education or education related groups for the purpose of publicizing Office of Education programs, development of educational materials or reporting on events of community interest. I fully relinquish my right or interest in any film, tape or photograph which may be used for any legitimate purpose.

TRANSPORTATION RELEASE STATEMENT

___ I understand that my child may be transported to and from the bus stop in a van or school bus driven by a Walden West staff member or Cupertino School District bus driver.

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK AND AUTHORIZATION FOR MEDICAL TREATMENT

I understand, acknowledge and agree that the Santa Clara County Office of Education, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my child/children while participating in activities at Walden West Summer Camp.

I hereby authorize Walden West to provide medical care for my child in the event of any emergency that may occur while he/she is attending Walden West.

SIGNATURE OF PARENT/GUARDIAN