

# OUTDOOR LEADERSHIP TRAINING CAMP

## Wolf River, summer 2010

### Camp Registration

To apply for this course; completely fill out, sign and return this application form no later than **June 15<sup>th</sup>**. The cost of the camp is \$350.00. A deposit of \$175.00 dollars must be sent with this application form for consideration. The remaining \$175.00 dollars will be due no later than June 30<sup>th</sup>. Please send your completed application form with a check, money order or credit card information to: *South Coast Paddling Company, 2335 Government St., Ocean Springs, MS 39564*

#### Student Information

Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Student Cell Phone (\_\_\_\_) \_\_\_\_\_ Student e-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on June 15<sup>th</sup> 2010 \_\_\_\_\_

School you attend \_\_\_\_\_ Current Grade \_\_\_\_\_

#### Parent Information

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

Relation to you \_\_\_\_\_ Other Parent/Guardian \_\_\_\_\_

Parent/Guardian Street Address \_\_\_\_\_

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

Parent/Guardian Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Any special needs or physical/health concerns (please fill out Health History form for each child):

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By signing this application I understand that an enjoyable and fulfilling experience with South Coast Paddling Company depends on my positive attitude, a willingness to contribute to the whole of the group, and on a willingness to participate enthusiastically in the course activities. Cancellation will result in a refund of course fee, less \$100.00 administration fee.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment Information

**Amount Enclosed:** \$ \_\_\_\_\_

Circle payment preference:  Check/Money Order (Make checks payable to South Coast Paddling Company)

OR

**Charge My:**  Visa  MasterCard  AMEX  Discover

Card number: \_\_\_\_\_ Exp. date \_\_\_\_\_

3-digit code \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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### HEALTH HISTORY

Instructions: Please secure parent/guardian signature and submit with registration form.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? • Yes • No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

### HEALTH HISTORY

List any physical or behavioral conditions that may be useful to the adult in charge.

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

### Allergies (medication, food or other)

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

### Permission to provide necessary treatment or emergency care:

I hereby give my permission for my child/ward to receive medication and emergency medical care if necessary \_\_\_\_\_

Signature of parent/guardian

Date

### I hereby give my permission for my child/ward to receive the following medications (circle):

- Advil/Ibuprofen • Aloe Vera gel • Benadryl
- Calamine lotion • Tums/Maalox • Tylenol

Custodial parent/guardian name \_\_\_\_\_

Phone-Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Second parent/guardian name \_\_\_\_\_

Phone-Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

*In case of an emergency when parent/guardian is not available, please notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone-Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_