



www.gforceadventure.com

# 2009 CAMP APPLICATION

## CAMPER INFORMATION (Please use a separate application form for each camper)

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ AGE \_\_\_\_\_ RETURNING CAMPER?  Y  N YEAR# \_\_\_\_\_

MAILING ADDRESS (Number, Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

BUDDY REQUEST \_\_\_\_\_

Children make new friends at camp. May we release your phone number to other campers' families on request?  Y  N

T-Shirt Size \_\_\_\_\_ Camp Session Requested \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

PRIMARY CONTACT FOR SCHEDULING/TRANSPORTATION \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PARENT / GUARDIAN / MOM NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_ ADDITIONAL PHONE #S (mobile, pager, etc.) \_\_\_\_\_

PARENT / GUARDIAN / FATHER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_ ADDITIONAL PHONE #S (mobile, pager, etc.) \_\_\_\_\_

EMERGENCY CONTACT (do not list yourself) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PEDIATRICIAN'S NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ INSURED \_\_\_\_\_ POLICY # \_\_\_\_\_ PHONE \_\_\_\_\_

Mom email: \_\_\_\_\_ Dad email: \_\_\_\_\_ (G-FORCE USE ONLY)

## HEALTH INFORMATION

Please complete the information below, so our staff can provide the best possible care for your child.

DO YOU WANT ANY ACTIVITIES OMITTED? .....  Yes  No

ANY SPECIAL PROBLEMS OR PHYSICAL LIMITATIONS? .....  Yes  No

ANY ALLERGIES OR DIETARY RESTRICTIONS? .....  Yes  No

TAKING ANY MEDICATIONS (Prescribed or over-the-counter)? .....  Yes  No

ANY CONVULSIONS, CONCUSSIONS, OR LOSS OF CONSCIOUSNESS? .....  Yes  No

ANY RECENT TRAUMATIC EVENTS OR FAMILY CHANGES? .....  Yes  No

ANY PROBLEMS WITH SOCIAL OR MOTOR SKILLS? .....  Yes  No

## PLEASE READ AND SIGN THE FOLLOWING:

G-FORCE Adventure Camp and related organizations may use pictures of my child in their promotional materials, including both printed and electronic media. My child has permission to engage in all camp activities except as noted. Immediately upon issuance of an invoice, we agree to pay any fuel surcharge imposed by G-FORCE Adventure Camp regardless of when assessed.

Assumption of Risk and Release of Liability: In consideration of the named camper's being permitted to participate in G-FORCE Adventure Camp's camp activities, we, the parents or legal guardians of the camper, on our own behalf and on behalf of the camper (hereinafter "Releasors"), hereby acknowledge and agree that we understand and fully appreciate the risk of injury involved to the camper in participating in camp activities. The Releasors nevertheless hereby release, waive, and discharge G-FORCE Adventure Camp, its officers, employees, agents, counselors, representatives, and premises owners and operators where camp activities take place (hereinafter "Releasees") from all liability to the Releasors for any loss or damage, and any claims or demands on account of injury to the camper caused in any way by the negligence of the Releasees or otherwise while the camper is participating in any way in any of G-FORCE Adventure Camp's camp activities. The Releasors hereby agree to indemnify and hold harmless the Releasees, and each of them, for any loss, liability, damage, or costs and expenses including attorneys fees they incur due to the camper's participation. It is the express intention of the Releasors to exempt and relieve the Releasees from any liability for personal injury, property damage, or wrongful death caused by the Releasee's own negligence related in any way to the participation of the camper in G-FORCE Adventure Camp's activities. The undersigned acknowledges that he or she is fully aware of the legal consequences of signing this application containing the express waiver and release of liability. The health information on the camp application is accurate to the best of my knowledge. In an emergency, G-FORCE Adventure Camp has my permission to obtain medical treatment for my child, including routine tests, X-rays, hospitalization, injections, anesthesia or surgery. My signature below indicates that I have read and fully agree with all registration policies stated herein.

 \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PAYMENT

REGISTRATION REQUIREMENTS & POLICIES:  Enclosed is my check for payment in full: \$ \_\_\_\_\_

A \$60 deposit per child must accompany this application in order to be processed. your deposit will be applied to your total tuition. Tuition balance is due 10 days prior to camp start. Please complete this application and read accompanying policies.

**Mail this form along with your payment to:**  
**G-FORCE Adventure Camp**  
**8789 Auburn Folsom Road, Suite C**  
**PO Box 446**  
**Granite Bay, CA 95746**  
**Phone 916-220-0978**