

THE MACHIA WILDERNESS CAMP

703 Dorset Street, South Burlington, Vermont, 05403
phone: 802-863-3557 www.machiacamp.org

APPLICATION FOR ADMISSION

The Machia Wilderness Camp is FREE to children age 11-18 years. Each participant will receive a T-shirt and lunch will be provided daily. A suggested donation of \$50 is welcomed to help offset the cost of meals and other materials. Please feel free to include your tax-deductible donation with this application, or contact us for more information. Make checks payable to Machia Wilderness Camp.

Date _____

APPLICANT

Name of Applicant _____ Sex _____

Date of Birth _____ Social Security # _____ Home Phone _____

Street Address _____ Place of Birth _____

City _____ State _____ Zip Code _____

Shirt Size _____ School Attended _____

Briefly state why you wish to attend the Machia Wilderness Camp:

NAME AND ADDRESS OF PARENTS OR GUARDIANS

Father's name _____ Mother's name _____

Street _____ Street _____

City, State Zip Code _____ City, State Zip Code _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

E-mail Address _____ E-mail Address _____

HEALTH INFORMATION

The medical information you provide will allow us to better serve the individual needs of each child.

General health: Check one: Good ___ Fair ___ Poor ___

Please list any special health issues, including allergies _____

Does your child have a history of any of the following?

Constant Colds __ Asthma __ Respiratory infections __ Headaches __ Migraines __
Dizziness/fainting spells __ Seizures __ Ear infections __ Accidents/broken bones __
Other (please explain): _____

Is your child currently taking any medications? _____ If yes, please list below.

Medication	Dosage	Times per day	Condition	Supervising Physician
1 _____	/ _____	/ _____	/ _____	/ _____
2 _____	/ _____	/ _____	/ _____	/ _____

MISCELLANEOUS

How did you find out about Machia Wilderness Camp

Describe any concerns you may have about your child's participation in this program:

The Machia Wilderness Camp does not discriminate on the basis of race, religion, color, sex, national origin, sexual preference, ancestry, familial status, physical or mental disability or handicap.

Safety is a vital part of this program. The Director and staff maintain the right to exclude any individual from some or all activities if they believe there could be an increased risk of harm to any person or property.

I hereby grant permission for the above child to participate in the Machia Wilderness Camp and to use photographs taken of same child during the camp for use in promotion and advertisement of the camp.

Camp Liability Waiver: In giving permission for my child to participate in the Machia Wilderness Camp, I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the Machia Wilderness Camp, its directors and officers from any and all losses, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities.

Parent or Guardian

Date