

# THE MACHIA WILDERNESS CAMP

703 Dorset Street, South Burlington Vermont 05403  
(802) 863-3557 | [www.machiacamp.org](http://www.machiacamp.org) | info@machiacamp.org

## APPLICATION FOR ADMISSION WEEK ONE SESSION— JULY 7 - 12, 2024

The Machia Wilderness Camp is open to youth ages 11 to 18. Each participant will receive a T-shirt and a home-cooked lunch will be provided daily. The cost of \$200.00 will help offset the cost of meals and other materials. Please feel free to include a tax-deductible donation with this application, or contact us for more information.

Make checks payable to Machia Wilderness Camp.

Refund policy: If for any reason the camper cannot attend, a refund can be provided, upon request, up to 30 days before camp begins.

### APPLICANT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
First M.I. Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

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

State \_\_\_\_ Zip Code \_\_\_\_\_ Adult Shirt Size \_\_\_\_ School Attended \_\_\_\_\_

Do you have a lifetime license? Yes \_\_\_\_ No \_\_\_\_

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

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Ethnicity: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_ Prefer not to say \_\_\_\_\_

### NAME AND ADDRESS OF PARENTS OR GUARDIANS

Parent/Guardian 1 name

Guardian 2/ Additional Contact 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 Signature

\_\_\_\_\_  
Date