

CAMP REGISTRATION APPLICATION & PARTICIPATION WAIVER



Form must be completed, signed, and turned in with payment or scholarship application.

I, (name of parent/legal guardian) _____,

give permission for the following child(ren) to participate in Adventure Day Camp:

Camper Name	Date of Birth	Male or Female	Week Attending (Example: 1)

I agree to the following:

_____ Participate in all camp activities, including ropes course, canoeing, swimming/wading, hiking, arts and crafts

_____ Travel in buses to Four Mounds, Swiss Valley Nature Preserve, Mines of Spain/Catfish Creek, Heritage Pond

_____ Allow use of bug repellent and sunscreen and also give permission to camp counselors to apply first aid or utilize CPR, if necessary

_____ Photos to be taken for use in program materials for Team Building Blocks and partnering organizations

CAMP REGISTRATION APPLICATION & PARTICIPATION WAIVER



ALLERGIES

_____ No, my child(ren) have no known allergies

_____ Yes, my child(ren) has the following allergies. If yes, give name of child(ren) and explain here: _____

TRANSPORTATION

Transportation is provided by Dubuque's RTA service. You are responsible for transporting your child to and from our pick-up location. *This pick-up location will be announced later in the spring.*

Who will be dropping off and picking up your child every day? Please list all that apply and include contact information if different from above: _____

EMERGENCY CONTACTS

If we need to contact you during the day in case of an emergency, please list the best people and contact numbers in order here:

Name: _____ Phone: _____

Name: _____ Phone: _____

CAMP REGISTRATION APPLICATION & PARTICIPATION WAIVER



WAIVER AND RELEASE OF CLAIMS

Four Mounds Ropes Foundation and Ropes Course with Team Building Blocks

As an express condition of each named Camp Participant's participation in Four Mounds Adventure Day Camp and on the Four Mounds Ropes Course led by Team Building Blocks,

I, _____ (name of Parent/Guardian), hereby waive any claims, demands, or causes of action of any nature whatsoever against Four Mounds Foundation and/or Team Building Blocks, or their employees, officers, directors, volunteers, and agents. By signing below, the Camp Participant's parent(s) and/or guardian(s) further acknowledge that the Camp Participant is assuming the full risk of any injuries, damages, or loss, regardless of severity (including death), which Camp Participant may sustain as a result of, arising out of, connected to, or in any way associated with Camp Participant's participation as described above. If any court of competent jurisdiction adjudicates any part of this Waiver and Release of Claims to be unenforceable, those provisions not so adjudicated shall remain in full force and effect.

Parent/Guardian Signature:

Date:

*Providing your typed signature in the box above demonstrates
your acknowledgement to the waiver and release of claims*