***General Release of Liability***

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| **CAMPER INFORMATION** |
| Last Name: | First Name: | M.I. | Date of Birth: | Grade: |
| Gender (circle one)Male / Female | Home Street Address: City, State, Zip: | Home Phone: |
| Parent/Guardian Name Printed: | Will you be coming as a chaperone?□ Yes□ No | Home Phone: |
| Relationship to Camper: | Cell Phone: |
| Email address: | Work Phone: |
| Parent/Guardian Name Printed: | Will you be coming as a chaperone?□ Yes□ No | Home Phone: |
| Relationship to Camper: | Cell Phone: |
| Email address: | Work Phone: |
| List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted) ­­­­­­­­­­­­­­­­­Relationship to Camper: | Home Phone: |
| Cell Phone: |
| Work Phone: |
| Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) □ Not InsuredCompany: Policy Number:  |
| **HEALTH HISTORY** |
| Camper’s Primary Care Physician: | Office Telephone Number: |
| Office Fax Number: |
| **Health History (check if applicable & explain)** | **Allergies (check if applicable & explain)** |
| □ Asthma□ Diabetes **(a** **NorthBay diabetic order form must be completed)**□ Heart Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Bleeding/Clotting disorder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Seizures Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ ADHD □ ADD□ Psychological issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Anxiety □ Depression □ Anger Management □ Mood disorder□ Autism □ Asperger’s Syndrome□ Recent illness/injury/infectious disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sleepwalking □ Bedwetting□ Recent Hospitalizations or Major Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other not listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ **Date of Last Tetanus Shot**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Takes medication every day **(A medication form/s needs to be completed for all medications to be taken while at camp)** | □ Allergy to Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Foods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Insects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Severe Poison Ivy reaction□ Other: Please lists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Diet / Nutrition** |
| □ Eats a regular diet□ Eats a vegetarian diet□ Has special food needs (describe below)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the camper need his/her physical activity restricted □ No □ Yes – explain ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide any additional information that we need to know to ensure your child’s camp experience is a positive one: |

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| I represent that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Camper”) who desires to attend camp and participate in activities sponsored by NorthBay, LLC (“NorthBay”). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Consent Form. I assert the information given on this Health Consent Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the certified medical professional selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child.  If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.I acknowledge that participating in some of the activities sponsored by NorthBay, generally including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, handling animals nature and acclimatization activities, and the ropes course, involve certain risks, including the risk of serious personal injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and understand that participation in these activities carries certain risks including the risk of injury. NorthBay will remain responsible for claims that are due to the negligence or intentional misconduct of NorthBay. In addition, the Camper understands that while at NorthBay, the Baltimore County Student Behavior Handbook rules apply. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Baltimore County or Cecil County, Maryland. I hereby voluntarily waive any right the Camper or I may have to a trial by jury in any action, proceeding or litigation against NorthBay. **THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING** |

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS** - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

 □ Acetaminophen (generic for Tylenol) □ Antibiotic Cream (for minor cuts/scrapes)

 □ Ibuprofen (generic for Advil and Motrin) □ Loratadine (generic for Claritin)

 □ Calamine Lotion (for itching) □ Diphenhydramine (generic for Benadryl)

 □ Hydrocortisone Cream (for itching)

□ I do not want over-the-counter medications given to my child

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| **VIDEO/PHOTO CONSENT** |
| I represent that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_ (“Camper”) who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.  |
| Signature of parent/guardian: | Date: |

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| Signature of parent/guardian: | Date: |
| Persons authorized to pick up child other than parent or guardian: |
| I also understand and agree to abide with the restrictions placed on my camp activities as listed above. |
| Signature of minor/adult camper/staffer: | Date: |
| *(If camper is emancipated, proof must be provided prior to camp)* |