



## Spring Break Camp Registration

Please print all information clearly. Upon completion, please email, fax, or mail this form to Ruffner Mountain.

Camper's Name: \_\_\_\_\_

School Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Relationship: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Who will be picking up your child?

Additional pick up person(s): \_\_\_\_\_

### Date(s) Attending:

March 19

March 22

March 20

March 23

March 21

Will your camper need extended care? Yes  No

If so, what dates, and morning, afternoon, or both?

### Method of payment

Check  Cash  Online

Amount: \_\_\_\_\_

(Make checks payable to Ruffner Mountain)

Please note: You may choose to pay in full before camp, or pay a \$50 non-refundable deposit with the remainder due on the first day of camp. In the event you pay in full, and then cancel, Ruffner Mountain will refund all your money, except for \$50. Your camper's spot is not reserved without the minimum deposit.

## Photography Release- Minor Child

We are happy that your minor child, named below, will be attending a Ruffner Mountain program and/or camp. We are proud of having youth recreate, explore and learn from their time on the mountain. From time to time, we like to use pictures, videos or recordings of our programs in news releases, communications with our sponsors, website postings, and other media. By signing below, you are granting the right to Ruffner Mountain Nature Coalition, Inc., or any of its affiliates, to video, photograph or record your minor child's participation in our program and for Ruffner to use such video, photograph, or recording in the media described above. If you agree to this release and consent, please sign below as the parent or legal guardian of the minor child set forth below.

Name of Minor Child

\_\_\_\_\_

(Name will not be used in Ruffner's materials)

Signature of Parent or Guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

## RMNP Day Camp Health Form

Please read, complete, and sign.

### Camper Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

What is the best number to reach you on during camp hours?

\_\_\_\_\_

### Insurance Information (Please attach a copy of your insurance card)

Medical insurance company:

\_\_\_\_\_

Address of company:

\_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Phone: \_\_\_\_\_

### In case of Emergency Notify

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Other instructions:

\_\_\_\_\_

### Health History

Please attach additional page if necessary. All information is kept confidential.

Child has or is subject to:

- Asthma  Fainting Spells  Convulsions  
 Heart Trouble  Diabetes  Seizures

Allergies:

- Medicines  Insects  Food Animals  Plants  Other

Please explain allergies and treatment:

Child has difficulties with:

- Eyes  Ears  Nose  Throat  Lung  Digestion

Are there any other conditions requiring our attention that we should know of?

### Medications (All prescription medications should be given to camp staff.)

Medications should be:

1. In their original containers
2. Labeled with the following information (a) student's name (b) Prescriber's name (c) Name of medication (d) Strength (e) Dosage (f) Time interval (g) route of administration, and (f) date of drug's expiration

Note: Medications will only be administered according to the label directions.

Does your child require any medications during camp hours? Yes No

Name of Medication(s):

\_\_\_\_\_

Reason for Medication(s):

Medication Schedule/Dosage:

Can child administer own medication under the supervision of camp staff? Yes No

Medical Activity Restrictions: Yes No

If yes, please explain:

### Parent Authorization

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. I authorize Ruffner Mountain Nature Preserve staff to act for me according to their best judgment in any injury requiring minor medical attention. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by RMNP to give medical treatment or hospitalize, secure proper anesthesia, and to order injection or surgery for my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian

### Parent or Guardian Agreement

Please initial each point and sign below.

I understand that the deposit per session is non-refundable

I understand that the balance of the camp fee is due upon arrival at the beginning of each session.

In case of accident or illness, the Camp Director has permission to secure medical attention if unable to contact me immediately.

I agree that Ruffner Mountain Nature Preserve is released from liability with medical treatment and unavoidable accidents

I give my consent for my child to leave the camp grounds with authorized Camp Staff in a vehicle for the purposes of transportation in connection with RMNP camp activities.

I give my permission to RMNP, without limitation or obligation to use any artwork made by my child, or to use photographs, film footage or tape recordings which may include my child's image or voice for the purposes of promoting or interpreting Ruffner's programs and release the camp from any claim or liability to that use.

While RMNP will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept any children that are (1) of danger to themselves (2) of danger to others (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy programs. Any of the above reasons will be grounds for dismissal from camp. A parent/guardian must discuss with the education director any special conditions or circumstances involving their child. This must be completed prior to registration so that we can advise you as to whether we can make reasonable accommodations for your child.

I, \_\_\_\_\_, as a parent or guardian of \_\_\_\_\_, a minor child who I have this date enrolled for participation in Ruffner Mountain Nature Preserves's day camp, in consideration of the education and entertainment benefits to be provided by that camp, do covenant and agree that neither I nor any other representative of the above child will ever bring legal action of any sort against RMNP, its agents, or its employees, for personal injury or breach of contract arising of the above child's attendance at RMNP Day Camp. I understand that liability insurance has been provided by RMNP which extends coverage to these activities and agree to

be bound by the limits of such policies should any personal injuries or breach of contract occur. I further consent to emergency medical treatment for the above child should he or she become sick or injured while participating in any activity connected with RMNP Day Camp.

Parent/Guardian Signature:

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Date: \_\_\_\_\_

1214 81<sup>st</sup> Street South  
Birmingham, AL 35206  
Phone: 205.833.8264  
Fax: 205.836.3960  
programs@ruffnermountain.org  
ruffnermountain.org