

Camp Beausite Northwest

Camper Information Form



Camper's Full Name: _____

Age: _____ Birth Date: _____ Gender: M F T-Shirt Size: _____

Camper's Primary Disability: _____

Secondary Disabilities: _____

Primary Contact Information

Parent/Guardian/Legal Representative: _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Camper Pickup

Camp Beausite Northwest has instituted a Camper-Safe pickup policy. Please list the following individuals or organizations that can pick up your camper. **They will be asked for photo ID at pickup** to ensure that our campers are departing safely.

If there are any changes to the below list of authorized individuals while your camper is at camp, please e-mail info@campbeausitenw.org to inform us of the changes. Campers will not be released to individuals or companies that are not on the list or whom cannot provide a photo ID.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Office Use Only

Pick Up First Name: _____ Last Name: _____

Signature: _____ ID: _____

Staff Sign Out Name: _____

Emergency Contacts (other than above)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Group Living Facility

Name of Facility: _____ Phone: _____

Address: _____ State: _____ Zip Code: _____

County of Residence: _____

Payment Information

Person/Agency Responsible for Payment: _____

Do you have DSHS/DDA agency funding? Yes No

Case Manager Name: _____ Phone: _____

E-mail: _____ Client ID #: _____

PHOTO RELEASE

In consideration of my participation in Camp Beausite Northwest programs, I hereby consent to the use of any film/photo/video tape/sound recording made of me, _____, during camp, and assign all rights of the same to Camp Beausite Northwest for the purpose of illustration, publication, or broadcast in connection with the work, advertising, and promotion of Camp Beausite Northwest. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

Signature of Parent/Guardian/Legal Representative

Date

Liability Release & Waiver

As a parent/guardian of a camper at Camp Beausite Northwest, located in Washington State, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my camper may sustain as a result of participating in any and all activities connected with, or in any way associated with Camp Beausite Northwest. I further agree to indemnify, hold harmless, and defend Camp Beausite Northwest, its board members, executive officers, staff, volunteers, and employees from any and all claims for injuries, damages, or loss by me or my camper arising out of, connected with, or in any way associated with Camp Beausite Northwest.

By signing below, I am acknowledging that I have read and fully understood the program details, waiver, and release of all claims.

Camper's Full Name (Please Print) _____

Signature of Parent/Guardian/Legal Representative

Date