



Nosara Day Camp
REGISTRATION and HEALTH FORM

CAMPER NAME: _____ DATES: _____

Sex (circle): F M Birthday: ____/____/____ Age: _____

Address: _____ City: _____ Province/ State: _____

Zip: _____ Home Phone (____) _____

Emergency Info:

Names and contact information of people to reach in case of emergency:

1) Name and relationship: _____
Mobile Number (____) _____ email _____

2) Name and relationship: _____
Mobile Number (____) _____ email _____

3) Hotel: _____ phone number: (____) _____ Room# _____

Health and General Medical History:

If the camper should be restricted on any activities please note:

If the camper requires any kind of medication during camp hours please note the drug and the dosage:

Please note any medical condition or medical history that might require special attention:

Please tell us of all drug reactions, allergies, and food restrictions that your child has:

Anything else we should know?

Nosara Day Camp RELEASE and WAIVER

I certify that my child is in good health and fully able to participate in all activities of Nosara Day Camp. My child has no known restrictions, or any other things, that may limit her/him from participation.

initial:

I allow Nosara Day Camp staff and local doctors to administer medication to my child such as *but not limited to*: Calamine lotion, After Bite, bug repellent, sun screen, Benadryl (Dyphenhydramine hydrochloride), Advil (Ibuprofen), Tylenol (Acetaminophen), and antibiotic cream (such as Polysporin).

initial:

Camp directors and staff have permission to seek medical attention on behalf of my child. I grant permission for local Costa Rican physicians or other designated physicians to provide medical treatment in the event of injury or illness. I understand that every attempt will be made to contact me in the event of an accident or illness. I will be financially responsible for any medical attention needed resulting from an injury received while my child is under the supervision of Nosara Day Camp. My or my child's medical insurance shall be the insurance coverage for any medical treatment required. I understand that I cannot enroll my child in Nosara Day Camp without such medical insurance.

initial:

I allow Nosara Day Camp to use photographs of my child for future Nosara Day Camp promotion. Names will not be published.

initial:

Health Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____/_____/_____

Name of Participant(s) (print please) _____

Signature of Parent/Guardian Date: _____

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary. I understand that there are inherent risks undertaken during Nosara Day Camp activities including but not limited to those stemming from using local foot paths and roads; exploring and playing in and around play grounds, athletic and recreational grounds, swimming pools, jungles, rivers, beaches and the ocean; taking part in various water and overland activities; interaction with wild and domestic animals; and risks caused by weather or acts of God. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of participating in camp activities. I understand that Nosara Day Camp activities require strenuous exercise, and so requires my camper to be in good physical condition and to drink reasonable amounts of water. I understand the nature of potential risks of injury, and I agree to accept those risks on behalf of my child.

I, the parent (guardian), do hereby agree to this release and waiver.

Signature of Parent/Guardian Date: _____