

# Snake Education With A Twist, Inc.

[www.snakeeducation.com](http://www.snakeeducation.com) 2007

## A.dventure C.amping F.un *Experience* Enrollment Form

Please fill out the below form completely and return for processing. Remember to fill out the back side of this form. Without your signature this form is not valid and your child will not be enrolled in this program.

Current School Attending: \_\_\_\_\_ **Current Grade:** \_\_\_\_ **Age:** \_\_\_\_ **DOB:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ city/St. \_\_\_\_\_ zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ city/St. \_\_\_\_\_ zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ city/St. \_\_\_\_\_ zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk #: \_\_\_\_\_

Type of business: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ city/St. \_\_\_\_\_ zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk #: \_\_\_\_\_

Type of business: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ city/St. \_\_\_\_\_ zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk #: \_\_\_\_\_

Type of business: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Please mark an "X" where camper physically resides**

Both (one home, mother & father) \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_

**Emergency Contact/Pick-Up/Drop-Off Person(s):**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ relation: \_\_\_\_\_

**Make sure you read and sign the backside of this Form!!!**

**(Circle all that apply)**

Who has **legal custody** of camper?    Mother    Father    Guardian    other \_\_\_\_\_

Who is permitted to **pick-up** camper?    Mother    Father    Guardian    other \_\_\_\_\_

Camper's **Physician**: \_\_\_\_\_ Phone #: \_\_\_\_\_

Camper's **Dentist**: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Preferred Hospital** (with local trips only): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Insurance** Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group# \_\_\_\_\_

**(Please read carefully. All information is kept confidential and is meant for the safety and enjoyment of all participants.)**

List ANY information regarding any medical/mental/physical concerns that may disrupt your child's enjoyment of this program. Understand that activities may include: hiking, camping, rafting, caving, climbing, canoeing, swimming, skiing and other physical activities that require mental maturity, self control, following directions, socialization and peer interaction. Please be honest!!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Physical limitations:    NO    YES \_\_\_\_\_

Any Prescribed Medication:    NO    YES \_\_\_\_\_ Dosage (mg) \_\_\_\_ for \_\_\_\_\_

**(Note:** all medication will be given my the staff. Any/all medicine must be in properly labeled container(s) w/ instructions.)

**\*\*Must Sign to validate Enrollment Form\*\***

**Agreement and Release of Liability Statement**

I hereby state that my child, named on this form, is physically and mentally capable of safe participation in the Snake Education With A Twist A.C.F. program. I have indicated any and all concerns to the best of my knowledge above. I assume all risks and hazards incidental to the conduct of my child in this program. I also authorize Snake Education With A Twist to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact(s) can not be reached and/or in the event the medical treatment is required out of town or State. I understand and agree to abide by the policies stated herein. I also give permission for the use of photographs of my child to Snake Education With A Twist for promotional purposes. Also, by signing this form I am giving permission, unless otherwise instructed, for my child to attend any and all trips having to do with Snake Education With A Twist.

[www.snakeeducation.com](http://www.snakeeducation.com)

**Mother's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Father's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guardian's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before turning this form in please review all information for accuracy.**

# Medication Administer Release Form

Snake Education With A Twist, Inc. [www.snakeeducation.com](http://www.snakeeducation.com)

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Below is a list of supplies (medical supplies/ointments/etc.) that will be taken on all ACF Trips. Please look over all the items mentioned below and initial each one that you will allow the ACF Staff to administer to your child. Note any serious condition your child will be transported to the nearest medical facility available at that time.

\_\_\_\_\_ BETADINE first aid antibiotics, clear hypoallergenic ointment  
(helps prevent infection in minor cuts, scrapes and burns)

\_\_\_\_\_ NEOSPORIN ointment, first aid antibiotic ointment.  
(helps prevent infection in minor cuts, scrapes and burns)

\_\_\_\_\_ HYDROCORTISON Anti-Itch CREAM 1%, max strength by Equate  
(great for minor skin irritations, poison ivy, sunburns, heat rash, etc.)

\_\_\_\_\_ BURN CREAM (John & Johnson)

\_\_\_\_\_ GOLD BOND medicated powder and ointment  
(great for minor skin irritations, poison ivy, sunburns, heat rash, etc.)

\_\_\_\_\_ TYLENOL Extra Strength (500mg) contains no aspirin  
(helps to relieve headaches and minor body pains)

\_\_\_\_\_ TYLENOL Children's Strength  
(helps to relieve headaches, fever like symptoms and minor body pains)

\_\_\_\_\_ IMODIUM A-D anti-diarrhea caplets, 2mg. (controls diarrhea, sour stomach, etc)

\_\_\_\_\_ TUMS (great for sour stomachs/gas, heart burn, etc.)

\_\_\_\_\_ ALKA-SELTZER PLUS & COLD/FLU 2 tablets dissolved in water  
(great for nasal decongestion, upset stomachs due to sour stomach, gas and etc...)

\_\_\_\_\_ PEPTO-BISMO (the pink stuff in caplet and liquid form)  
(controls diarrhea, sour stomach, gas, heartburn, etc..)

\_\_\_\_\_ ATHELET Foot Spray/Powder (also can be used for heat rash, fungus irritation in lower region)

\_\_\_\_\_ **EPI-PEN** an injection administer directly into the thigh. **Initialing here indicates cknowledgement of procedure.** (This treatment **will be administered** in situations do to **serious reaction** to allergies, bites, ...)

Other medications\* that you the parent/guardian will provide the ACF Staff so that they may administer to your child:

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Allergies: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent/Guardian

\_\_\_\_\_  
Date

**\*\*Medication Prescriptions: Make sure the medication is in the properly labeled container from the pharmacy.**