

2025 Kettle Creek Adventure Camp Application Form

Camper Name: _____ Sex: M ___ F ___ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Camper Date of Birth: _____ Age during camp: _____

Guardian 1 Name: _____ Relationship _____ Phone#: _____

Guardian 2 Name: _____ Relationship _____ Phone#: _____

Primary Email: _____ Secondary email: _____

Other emergency contact: _____ Phone#: _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Is the camper allergic to anything? _____ If yes, explain: _____

Is the camper taking medication? _____ If yes, explain: _____

Other medical notes: _____

Please list any dietary needs: _____

Does the camper know how to swim? _____

Do we have permission to use pictures of your child for publicity purposes? Yes No

Camp Week: *Choose ONE only June 16th – 20th August 4th – August 8th

Late pickup is offered at an additional cost of \$10 per day until 6pm. Please note dates/times late pickup is needed:

Monday Time: _____ Tuesday Time: _____ Wednesday Time: _____ Friday Time: _____

Camp Fee: \$220 + Late Pick Up Fee (\$10 per day) _____ = \$ _____ **Total**

PLEASE MAKE CHECKS PAYABLE TO MCCD. Refunds will only be given if notice is made to MCCD at least 7 days prior to program.

Signing this application releases the Monroe County Conservation District (MCCD) and Monroe County from all claims for accidents/injuries incurred by the applicant in the normal course of instruction. Signed parents/guardians also agree that, in the event of camper injury/illness, if the parent/guardian cannot be contacted, that parent/guardian gives permission to the MCCD Staff to obtain competent medical assistance.

My typed name has the same force and effect as my written signature.

GUARDIAN SIGNATURE _____ **DATE** _____