

Date of last Tetanus shot: ___/___/_____

Have you attended this camp as camper? Yes ___ No ___ as counselor? Yes ___ No ___

Please tell us why you are interested in working at the camp:

Please describe any previous work experience with children that you may have had:

Do you have backpacking experience? Yes ___ No ___

If Yes, please explain: _____

Can we use pictures of you in future brochures and advertising? Yes ___/No ___
(If you are a minor, your parent/guardian must sign here☺)

Parent/Guardian Signature for Photo Release

Medical Release Statement

(Must Be Signed By Parent or Legal Guardian if a Minor!)

I/My child _____ am/is in good health.

I will notify the Camp Director if I/my child should become exposed to any communicable diseases during the two weeks prior to attending camp. In case of medical emergency, I give permission to the physician selected by the Camp Director, Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize, and order injection, anesthesia, or surgery for me/my child.

Name of Physician: _____ Phone: _____

Insurance Company: _____

Group #: _____ Customer #: _____

Parent/Guardian Signature _____

Printed Name _____ Date _____