



# Overnight Teen Camp

Please fill out completely & email application

### Camper Information

Campers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age while at Camp: \_\_\_\_\_ Grade during 2020-2021 School Year \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Gender **M F**

**Camp Cost: \$325 plus 7% tax**

*This includes a Camper Ready Bag!*

**Deposit (please pay in full) checks can be made out to Wildlife Wonders**

Card # (Visa or MC) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(If paid online, skip this section)

### Add-on a Picture link (Check box to add)

Pictures **\$50**

### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Authorizations:

This health history is correct and complete according to all prior knowledge. The camper described in the Camp Application and Medical Information has permission to engage in all camp activities except as stated in the restrictions section of this application. In the event that I or the emergency contact person cannot be reached in an emergency, I give permission to the physician that the camp selects to administer treatment, including hospitalization for the person stated below. I hereby give permission to Creation Encounters Camp to provide basic health care, administer prescribed medication, and seek emergency medical treatment.

Camper Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



I understand and agree to follow any restrictions placed on my participation in activities while at Creation Encounters Camp due to restrictions stated on the Medical form.

Signature of minor camper \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Camper Medical Information

This information must be filled out by a parent or guardian. The intent of this information is to provide Creation Encounters Camp with the background to provide appropriate care. Keep a copy of this form for your personal records. Any changes to this information should be given to the camp prior to arrival in camp. Please provide complete information so that the camp is aware of your camper's individual needs.

#### Emergency Contact (Other than Parent)

Name: \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### Insurance

Is the camper covered by family medical insurance?  Yes  No  
Please indicate Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of Front and Back of Insurance card must be attached to this form**

#### Health History

##### Allergies

List all known	Describe reaction and treatment
Medication Allergies	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Food Allergies	
_____	_____
_____	_____
_____	_____
_____	_____



Other (Insect stings, asthma, hay fever)

_____	_____
_____	_____
_____	_____
_____	_____

**Medication Being Taken**

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle.

This person takes NO medication on a regular basis.

This person takes medications as follows:

Med. 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_  
Reason for Taking \_\_\_\_\_

Med. 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_  
Reason for Taking \_\_\_\_\_

Med. 3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_  
Reason for Taking \_\_\_\_\_

Attach additional pages if needed for more medications.

**Restrictions**

Please list any dietary restriction:

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

Please list any restrictions to activity (What cannot be done or what limitations are necessary)

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



Use this space to provide any additional information about the camper in regards to participant's behavior and physical, emotional, or mental health which the camp should be aware.

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Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name of family dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_



**Disclaimer/Release Statement**

The undersigned recognizes and acknowledges the North Georgia Wildlife & Safari Park/Wildlife Wonders Encounter Program will include contact with non-domestic animals which may involve risk of bodily injuries, both known and unknown, mental anguish and property damages, both known and unknown. Further, the undersigned hereby assumes each of the risks described above and releases and discharges North Georgia Wildlife & Safari Park/Wildlife Wonders their officers, directors, agents, employees and all volunteers from any and all actions, causes for actions, claims, demand cost, expenses, attorney's fees, compensation, on all consequential or other damages now accrued or hereafter to accrue to or for the benefit of the undersigned on account if or in any way arising out of the participation by the undersigned in the Encounter Program, specifically including, without limitation, any personal injury or property damage incurred while on North Georgia Wildlife & Safari Park/Wildlife Wonders property.

The undersigned also agrees that any photographs taken or audio-visual recordings (including film, videotapes, or digital format) made at North Georgia Wildlife & Safari Park/Wildlife Wonders by the undersigned will be used only for private non-commercial purposes, and that no other use (whether commercial or non-commercial) of such photographs or recordings will be made without the prior written authorization of North Georgia Wildlife & Safari Park/Wildlife Wonders.

The undersigned acknowledges that he/she has read and understands and fully agrees to the above.

**Photography/Videography Release**

I do hereby irrevocably authorize North Georgia Wildlife & Safari Park/Wildlife Wonders, its legal representatives and assigns, to copyright, publish, and use in all forms and media for any lawful purpose whatsoever, any photographic or video images or recordings of me or minor named below, in which I or minor may be included in whole or in part, alone or in conjunction with other persons, or composite or distorted in character or form, in conjunction with my own or other persons, or a fictitious name, or reproductions thereof, or in derivative works made through any medium.

I do hereby waive any right that I may have to inspect or approve any images or recordings or the use to which they may be applied. If Minor, I do hereby waive any right that I may have on behalf of the minor named below to inspect or approve any images or recordings or the use to which they may be applied.

I hereby release and agree to hold harmless North Georgia Wildlife & Safari Park/Wildlife Wonders, its legal representatives and assigns, and all persons acting under its authority, from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the images or recordings, or in any processing tending toward the completion of the finished product.

I do hereby warrant that I am of full legal age and have every right to contract in my own name in the above regard. If Minor, have every right to contract as parent or legal guardian of the minor named below in the above regard. Further, I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof.

Type of Encounter(s): \_\_\_\_\_

Minor Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

Under 17 Must Have a Parent's/Guardian's Signature

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

Adult Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Phone: ( ) -

Adult E-mail Address: \_\_\_\_\_