



Registration Form

Required for all adults and students

Please copy and return completed form to school staff as soon as possible

School name _____ Date of trip _____

Student name _____

Gender _____ Student birth date ____/____/____ Race (for reporting only) _____

Parent/guardian name _____

Home address _____

City _____ State _____ Zip code _____

Home phone (_____) _____ Work phone (_____) _____ Cell phone, or other (_____) _____

E-mail address _____

☐ Check here if you would like to receive occasional emails from Tremont about upcoming programs, events, and news.

In case of an emergency, please notify:

1st priority: Name _____ Phone (_____) _____ Relationship to student: _____

Alternate: Name _____ Phone (_____) _____ Relationship to student: _____

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit their ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience. _____

Does your child have any dietary limitations? (If food allergies, please describe severity - airborne, contact, ingestion, etc.) _____

Do we have permission to administer: Acetaminophen? yes/no Ibuprofen? yes/no Benadryl? yes/no

Are there any medications that need to be administered during your stay? yes/no If yes, please describe. _____

Name of family physician _____ Name of dentist/orthodontist _____

Do you carry family/hospital insurance? yes/no Insurance carrier _____

Group # _____ Policy number # _____

If your child needs to be picked up by anyone other than school, are there any pickup restrictions? _____

Additional notes/suggestions from parents: _____

Important: Please notify us if the student was exposed to any communicable disease within 3 weeks of the program start date.

Parent's Authorization: As the parent or legal guardian, I have described all medical conditions which could limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me. I hereby give permission to the physician selected by the school teacher or Tremont staff to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or Tremont staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. It is expressly understood and agreed that Tremont shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the student or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Tremont acting within the scope of his/her employment. I grant permission for image and likeness (i.e. photo, video, name, quotes) of my child to be used in publications by Tremont. I recognize that aggregate information from this form may be used for diversity reporting, though individual identifying information from the form will not be shared.

Signature _____ Date _____