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 _____

Participant name _____

Gender _____ Participant 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: _____

Alternate: Name _____ Phone (____) _____ Relationship: _____

Does the participant have any existing injuries or medical conditions (e.g., asthma, seizures, diabetes, heart condition, recent surgeries or broken bones) that might affect their participation in activities? If so, please describe. _____

_____

Does the participant carry epinephrine or an inhaler? yes/no If yes, explain why and details of past use. _____

_____

Please list any dietary limitations. (If food allergies, please describe severity - airborne, contact, ingestion, etc.) _____

_____

Please list any environmental, drug, or insect allergies. _____

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

Are there any medications that need to be administered? 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 #_____

Please name any individuals who are not permitted to have contact with the participant. _____

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.

As the parent or legal guardian of the participant named above, or as the adult participant, I have described all medical conditions which might limit the participant from being able to fully enjoy and experience Tremont's activities. The participant has permission to engage in all prescribed camp activities except as noted. In the event that an emergency contact 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, order injection and/or anesthesia and/or surgery, order x-rays, routine tests, and treatment for the participant 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 participant 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 their employment.

Unless otherwise noted, I grant permission for image and likeness (i.e. photo, video, name, quotes) of the participant 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 _____

Tremont does not discriminate by race, religion, gender, sexual orientation, gender identity or expression, or national origin.

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