

DO NOT MAIL Fill out and sign this form and
BRING WITH YOU TO CAMP
NO CAMPER will be accepted to attend Brookhill Ranch Camp
without this signed form on file. (PLEASE PRINT)

CAMPER
NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE(_____) _____ - _____

LIST 2 EMERGENCY CONTACTS OTHER THAN PARENTS

Contact #1 _____

Phone #(_____) _____
NAME

Contact #2 _____

Phone #(_____) _____
NAME

Is the camper subject to any of the following?
If yes, please check all that apply:

- Ear infections or earache.
- Seizures or fainting spells.
- Hay fever, Allergies, Epi-pen shots.
- Severe or prolonged headaches.
- Any others not listed that we should be made aware of.

PLEASE NOTE: We are unable to accommodate special diets, or meals that need to be prepared individually. Please consider this prior to registering for camp. Any special conditions are subject to approval and must be brought to our attention prior to camp acceptance. We reserve the right to deny acceptance if camp procedures and policies are not followed. Such instances will not be subject to refund.

I understand that Brookhill Ranch Camp has high risk activities and due to its nature and cost, camp insurance is not a possibility. I personally assume all risk for this child's safety during their camping experience. I agree that Brookhill Ranch Camp may use photographs and/or video of my child during their stay at camp; without liability and without expectation or receipt of compensation, such purposes including but not limited to, publicity, illustration, advertising, and Web content.

X _____
Signature of parent or authorized guardian is REQUIRED

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