



## FRIENDS OF CAMP CONCORD CAMPER INFORMATION

To be completed by parent or guardian. It is mandatory that we receive this information prior to your camper's arrival at camp. Please return with Health History Form.

*We want your son/daughter to have a happy, healthful and meaningful experience at Camp Concord. The staff is concerned with the personal growth of each camper and feels more able to understand your child when the following information about home and school are provided. This information will not be shared with other campers.*

Preferred Email for Communication During Youth Camp \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size (Circle Size): **Child S / M / L** or **Adult S / M / L / XL**

Home: Lives with  both parents  one parent (who) \_\_\_\_\_  foster parents  grandparents

Brothers (ages): \_\_\_\_\_ Sisters (ages): \_\_\_\_\_

Are any siblings at camp with camper?  Yes (names) \_\_\_\_\_  No

Anyone else living with this child?  Yes (who) \_\_\_\_\_  No

List previous camping experience \_\_\_\_\_

Please describe camper's feelings about this experience \_\_\_\_\_

Does your camper have fear of particular things or situations \_\_\_\_\_

List known food allergies \_\_\_\_\_

Does your camper:  wet the bed?  sleep walk?

Has your camper been away from home:  a lot?  very seldom?

Which of the following personality characteristics best describe your child?

- tense  shy  dependent  leader  excitable  selfish  generous  
 cooperative  placid  confident  happy  resourceful  nervous  withdrawn  
 aggressive  moody  follower  antagonistic

Please give any additional information that will help the counselor work more effectively with your camper.

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

### Transportation Verification

Please check below how your child will be arriving/departing at Camp Concord (Please check one for each):

My child will arrive by:  The bus/van from Concord to Camp  
 We will provide our own transportation to Camp

My child will depart by:  The bus/van from Camp to Concord  
 We will provide our own transportation from Camp

### Liability Release

*I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the activities at Camp Concord. I further understand that Camp Concord is a physically active program. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I agree to assume full responsibility for any injuries or damages incurred or caused by him/her in connection with his/her stay at Camp Concord, as regards the City of Concord.*

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



PARKS & RECREATION  
 CAMP CONCORD HEALTH HISTORY/MEDICAL AUTHORIZATION  
 YOUTH PARTICIPANTS

<b>FOR OFFICE USE ONLY</b>
Date received _____
Signatures checked <input type="checkbox"/>

Form 1 of 2

CAMP SESSION	CAMP DATES	THRU	<b>PLEASE PRINT – PRESS HARD</b>	
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**Camper Information**

NAME	AGE	SEX	BIRTHDATE
STREET ADDRESS			
CITY	STATE	ZIP	HOME PHONE (    )

**Parent/Guardian Information**

NAME	RELATIONSHIP	HOME PHONE (    )
STREET ADDRESS		CELL/PAGER # (    )
CITY	STATE	ZIP
E-MAIL		
NAME	RELATIONSHIP	HOME PHONE (    )
STREET ADDRESS		CELL/PAGER # (    )
CITY	STATE	ZIP
E-MAIL		

**In case of emergency if parent/guardian(s) are unavailable, please notify:**

NAME	RELATIONSHIP	HOME PHONE (    )
STREET ADDRESS		CELL/PAGER # (    )
CITY	STATE	ZIP
E-MAIL		
NAME	RELATIONSHIP	HOME PHONE (    )
STREET ADDRESS		CELL/PAGER # (    )
CITY	STATE	ZIP
E-MAIL		

**Medical Contacts**

FAMILY PHYSICIAN	PHONE (    )	INSURANCE CARRIER	POLICY NUMBER
FAMILY DENTIST	PHONE (    )	INSURANCE CARRIER	POLICY NUMBER
FAMILY ORTHODONTIST	PHONE (    )	INSURANCE CARRIER	POLICY NUMBER

List known food allergies \_\_\_\_\_

List special dietary needs \_\_\_\_\_

List previous camping experience \_\_\_\_\_

Please describe camper's feelings about this experience \_\_\_\_\_

Does your camper have fear of particular things or situations? \_\_\_\_\_

Does your camper:  wet the bed?  sleep walk?

Has your camper been away from home:  a lot  very seldom?



PARKS & RECREATION  
CAMP CONCORD HEALTH HISTORY/MEDICAL AUTHORIZATION

CAMPER NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**Medical History**

List all known allergies including those to medications. \_\_\_\_\_ Describe reaction and management of the reaction. \_\_\_\_\_

**Medications being taken**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely and/or within the past 90 days. If medication is currently being taken, bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- This person takes NO medications on a routine basis.
- This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time(s) each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_ Name & phone of prescribing physician \_\_\_\_\_  
Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time(s) each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_ Name & phone of prescribing physician \_\_\_\_\_  
Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time(s) each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_ Name & phone of prescribing physician \_\_\_\_\_

**General Questions (Explain "Yes" answers below)**

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition? .....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized? .....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury? .....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious? .....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear? .....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections? .....	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures? .....	<input type="checkbox"/>	<input type="checkbox"/>	29. Have ADD or ADHD? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please explain any "Yes" answers, noting the number of the questions.</b>		
14. Ever had high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____		
15. Ever been diagnosed with a heart murmur? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____		
16. Ever had back problems? .....	<input type="checkbox"/>	<input type="checkbox"/>			
17. Ever had problems with joints (e.g., knees, ankles)? .....	<input type="checkbox"/>	<input type="checkbox"/>			

Which of the following has the participant had?  Measles  Chicken pox  German measles  Mumps  Hepatitis  
Is child subject to any conditions for which the Camp should make special preparations?  Yes  No If yes, please explain \_\_\_\_\_  
Has child ever been limited in physical activity for any reason?  Yes  No If yes, please explain \_\_\_\_\_  
Please list any other health information that would be helpful to us. (Consider the altitude of the mountain environment, hiking, mosquitoes, etc.) \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_  I acknowledge that my child's immunizations are current with school requirements.

**Parental Consent and Authorization for Medical/Surgical Treatment**

This health history is correct to the best of my knowledge and the person herein described is in good health and has my permission to engage in all prescribed camp activities, including but not limited to, swimming, rafting, canoeing, hiking and horseback riding while at Camp Concord except as noted. I have completed both Health History/Medical Authorization forms. Authorization for treatment: In the event that I cannot be reached, I hereby give permission to the medical personnel selected by Camp Concord to order, secure, and/or administer, as necessary, medical tests, treatment, transportation and hospitalization for my child as named above. If needed, it is permissible for the Camp Nurse to administer to my child "over the counter" medicines such as, but not limited to: Tylenol, Advil, Benadryl, cough medicine, etc.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



**CAMP CONCORD**

**WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

The below identified Minor Participant(s) (the “Minor(s)”) will be attending an organized Camp Program to be conducted at Camp Concord, in South Lake Tahoe, California.

I understand that the activities at Camp Concord in which the Minor(s) participate may entail vigorous physical movement, physical contact and exertion, and exposure to extreme weather elements. Although it is the goal of Camp Concord and its employees and agents to adhere to relevant American Camp Association Standards, property damage, physical injuries and accidents may occur during Camp Activities. Such potential injuries include but are not limited to strains, sprains, cuts, abrasions, broken limbs, hypothermia, sunstroke, drowning, and even death. To the extent that motorized transportation is required, additional risks associated with vehicular collisions may also be encountered. I further understand that in addition to the above-mentioned risks, there may be other unforeseeable risks and dangers involved in said Activity.

In consideration of the opportunity to participate in Camp Activities, I knowingly and voluntarily assume, on behalf of myself, the Minor(s), the Minor(s)’ other parent (or Guardian (s), and our respective heirs and dependents all risks arising there from or related to Camp Activities, and release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with the Minor(s) participation in Camp Activities.

I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or in part through the passive or active negligence of the City of Concord, its officers, agents, employees, or volunteers of the City (with the exception of sole, active negligence, or willful misconduct).

**I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY/ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT.**

I, the undersigned, certify that I am the legal parent or guardian of the below-identified Minor(s) and that my signature is a legal and binding signature and will be considered original if received by fax or email.

**Use of participant photographs:** In addition to the forgoing, I give consent to Concord Parks & Recreation Department or any other media agency to photograph me (or the Minor(s) on whose behalf I am signing this waiver), and to use such photographs in brochures, newspapers or other forms of media describing City of Concord activities.

Name of Minor Participant (s):

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

Name of Parent/ Guardian \_\_\_\_\_

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

Date \_\_\_\_\_

## Participant Agreement, Release of Liability, and Assumption of Risk

**This is a legally binding document. Please read and understand its terms before signing.**

In consideration of the services of Headwall Corporation, dba North Tahoe Adventures and Zipline Tahoe, and Granlibakken Management Co., Willem and Norma Parson, Ronald Parson, Granlibakken Property Owner's Assn, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HC"), **I hereby agree to release, indemnify, and discharge HC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:**

1. I acknowledge that aerial adventure park activities, zip lines, artificial wall rock climbing, ropes course activities, hiking/snowshoeing related activities, cross country skiing, kayaking, stand-up paddleboarding, whitewater rafting, biking/hiking tours, and use of rental equipment and gear entail known and unanticipated **inherent** risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. **The risks include, but are not limited to:** : the hazards of walking on uneven terrain or objects and slips and falls; being struck by rockfall or other natural or manmade objects dislodged, dropped or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risks of falling off the rock or the course; the risks of exposure to insect bites; the risk of cold including hypothermia; sunburn; collisions with other participants; my own physical condition and limitations, and the physical exertion associated with this activity.
3. **I expressly agree and promise to accept and assume all of the risks existing in this activity, whether known or unknown. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.**
4. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HC's equipment or facilities, including any such Claims which allege negligent acts or omissions of HC.**
5. Should HC or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, **I agree to indemnify and hold them harmless for all such fees and costs.**
6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
7. In the event that I file a lawsuit against HC, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**I acknowledge that is a legally binding document. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent's or Guardian's Additional Indemnification (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by HC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_