





Child's date of birth \_\_\_\_\_ Age in program \_\_\_\_\_ Grade in 2010/2011 \_\_\_\_\_ Gender \_\_\_\_\_

Child's school \_\_\_\_\_

Should our staff be aware of any learning modifications or other issues concerning this child?

Does your child swim? Has your child completed any swimming certifications?

**Please provide the following proof of health insurance coverage.**

Company \_\_\_\_\_ Policy name \_\_\_\_\_

Policy no. \_\_\_\_\_ Exceptions to treatment \_\_\_\_\_

Who is your child's primary physician? \_\_\_\_\_

Does your child have any medical conditions? If yes, please identify.

Is your child taking any medications? If yes, what are they?

Does your child have any allergies?

Does your child have any dietary restrictions?

### **Waivers and Authorizations**

We, the undersigned parents (or guardians) of the child named on the registration form, acknowledge that we are aware of the types of activities in which the child will be participating during his or her attendance at Walk Your Path Well Adventures during the 2012 season (see Skills and Activities webpage). We further acknowledge that we have provided full disclosure of any physical or mental conditions, challenges or problems of the child. We authorize Al Whitted or another staff member to transport our child for event activities. We acknowledge that our child's participation in the Walk Your Path Well program entails both known and unanticipated risks that could result in injury due to the nature of outdoor activity and play. Because of the inherent potential dangers of participating in the activities of any children's camp, we recognize the importance of the child's abiding by all camp rules and regulations. We have instructed the child to respect staff members and abide by the rules and regulations. We agree to indemnify and hold harmless Al Whitted and other camp staff from any claims, demands, or causes of action connected with the participation of our child. If outside medical services (doctor visits, x-rays, lab tests, etc.) should be needed, we understand that we are financially responsible. We hereby give permission to the physician selected by Walk Your Path Well staff to hospitalize and/or secure proper treatment for our child. We grant permission to: (1) Use photographs and video that include our child for camp advertising; (2) Use our name and phone number as a reference for prospective campers (please mark out items 1 or 2 if not granted.)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Checks or money orders should be payable to **Walk Your Path Well Adventures**.  
Mail the completed form to: **312 Jericho Road, Hillsborough, NC 27278**