CAMP KOALA

DAY CAMP APPLICATION

Camper Information:

Child's Name: _____Preferred/Nickname_____
Address: _____
Street/PO Box City State ZIP
Age: _____ Grade: _____ Birthdate:____/_____/_____ ☐ Male ☐ Female Race_____
School Attending: _____School Counselor: _____
Parent/Guardian Name: _____
Relationship to Child: _____ Phone Number: (_____)_____-_____
Email: _____ Child's T-shirt size: Youth_____Adult_____
# of people in household_____ Qualify for free or reduced lunch? _____ Child of a Veteran? _____

Bereavement History: **This will help us pair your child with other kids at camp.**
Name of person(s) who child lost: _____
Date(s) of Death: ____/____/____ Relationship to Child: _____
Did the child live with this person? ☐ Yes ☐ No Cause of Death? _____

***Health History*: This section will be kept on file with our Medical Staff in case of emergency:**
Child's Height _____ Weight _____
May we dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to your child if necessary? _____
Any allergies, dietary restrictions or physical limitations? Please list: _____
Does your child have any emotional or behavioral problems you think we should be aware of?

Indemnification Agreement

To the best of my knowledge, the above information is correct and accurate. I give my permission to the agents of Camp Koala to administer first aid to my child and authorize emergency transport to the nearest acute care facility if necessary. I hereby give permission for my child, _____, to attend Camp Koala. I understand that the goal of Camp Koala is to help facilitate the bereavement process and to provide support for my child in expressing their feelings of grief. I give permission for my child to be photographed, videotaped, audio-taped or interviewed during Camp Koala under staff supervision. This material may be used for future publicity of Camp Koala including for use by the news media. In consideration of the above-named child being granted permission by Camp Koala, Inc., to attend Camp Koala, I, for myself and behalf of my child, release and discharge Camp Koala, Inc., its agents, Staff, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Camp Koala for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault.

_____ Date ____/____/_____
Signature of Parent/Legal Guardian

PLEASE RETURN THIS APPLICATION TO YOUR SCHOOL COUNSELOR OR VIA MAIL TO:
CAMP KOALA PO BOX 2106 Kingston, PA 18704 (717) 258-1122
Please visit our website, www.campkoala.org for more information or to contact us via email. Thanks.