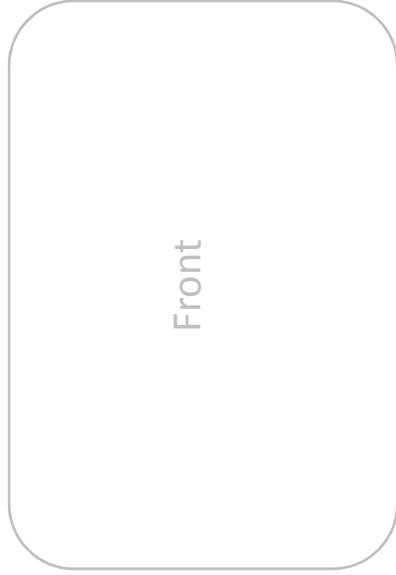


Camper's Profile / キャンパーの記録

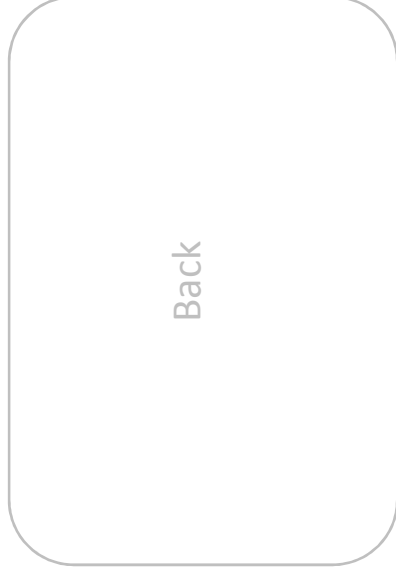
Today's Date/記入日 mm/dd/yyyy: _____ / _____ / _____

参加者名 (日本語):		Please paste camper's photo here
Camper's Name:		
保護者氏名 / Guardian's Name:		
住所 / Address:		
電話番号 / Phone	Home: Cell: Other:	
Email Address:		
緊急連絡先/ Emergency Contact	Name 1:	
	Address 1:	
	Phone 1:	
	Name 2:	
	Address 2	
	Phone 2:	
キャンプでしたいこと、楽しみなこと / What do you expect and want to do in the camp? (for camper)		
お子さんの性格、行動、社交性、生活習慣等。(誰とでも友達になれる/なれない。協調性がある/ない。集中力がある/ない。日常の様子、具体的な注意点等自由にご記入下さい。) Please describe your child's personality, how he/she gets along with others, any concerns about their behavior, etc.		
健康上の留意点を、ヘルスフォームと重複しますが、具体的にご記入下さい。 健康状態、アレルギー、キャンプ内での注意点、常備薬等。 Any health concerns, allergies or advise to make your child comfortable during camp.		

Photocopy of front and back of health insurance card must be attached to this form.



Front



Back

Participation Agreement

To Discovery Camp 2020

I hereby enroll my child in Discovery Camp 2020 to take place at Camp Warwick. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect his/her stay or that of other campers at Camp Warwick.

I grant permission for the application to participate in all planned camp activities. I hereby grant Discovery camp 2020 and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and fully release Discovery Camp 2020 from any liability in connection there within. I understand that prudent attempts will be made to contact the undersigned immediately. I understand that I will be responsible for payment of all medication bills.

I understand that my child must comply with the camp's rules and standard of conduct and that the organization may terminate my child's participation in the camp program if he/she does not maintain these standards.

Discovery Camp 2020 is not responsible for lost, stolen or damaged personal articles. I authorize Discovery Camp 2020 to have and use photographs, slides, video tapes and comments of the person named on this application as needed in promotional materials and public relations programs.

From time to time, Discover Camp 2020 transports campers out of camp to participate in activities. I hereby give permission for my child to be taken off site, supervised, to take part in programs with Discovery Camp 2020.

Camper's Name _____

Camper's Name _____

Guardian's Name (Print) _____

Guardian's Signature, date, mm/dd/yyyy _____

学校、プライベート等、どのキャンプに参加される場合でも原則的に提出が義務付けられている書類です。お子さんが健康であること、キャンプや、他のお子さんに対して損害を与えないこと、キャンプ中不慮の事故、けが、紛失物に対してはキャンプの責任としないこと（キャンプはSMJキャンプ場の傷害保険にかかっています）等に対しての署名をしていただきます。よくお読みいただきますようお願いいたします。