

ADVENTURE CAMPS AT ROUNDTOP MOUNTAIN RESORT
REGISTRATION FORM

CAMPER INFORMATION:

Name _____ Age ____ Date of Birth ____/____/____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name(s) _____

Email Address _____ Contact Phone _____

T-Shirt Size YM YL AS AM AL AXL

REGISTRATION INFORMATION:

Dates attending (circle): June 14-18, June 21-25, June 28-July 2, July 12-16, July 19-23, July 26-30, August 2-6

Tuition - 1 camp = \$259

Payment Type: Credit Card: MasterCard Visa Discover
 Cash Check Card # _____ Exp. Date _____

Emergency Contacts:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Please complete the following: MEDICAL INFORMATION:

Roundtop will comply with all applicable state and federal laws related to the privacy of health information.

Yes	No	Does your child currently have:
___	___	Allergic reactions to; insects, food, or plants? Anaphylaxis? Specify _____
___	___	Do you carry Epinephrine
___	___	Allergic to Medication? Specify _____
___	___	Currently taking any Prescriptions or Meds Specify _____
___	___	Diabetes
___	___	Heart Disease
___	___	Epilepsy/Seizures
___	___	Asthma
___	___	Mental or Neurological Problems
___	___	Musculoskeletal injuries, breaks, sprains, dislocations
___	___	Ever had surgery

Please explain any "yes" answers or other concerns: _____

Name of Primary Care Physician _____ Phone (____) _____

Health Insurance Co. Name _____ Phone (____) _____

Verification of Accuracy and Full Disclosure

I acknowledge that I have provided all known medical related information that may effect my child's participation. I agree to notify the staff if there is any change in my or my child's physical or medical condition prior to my child's scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my minor child's participation while at the Adventure Camp.

ADVENTURE CAMP RELEASE AGREEMENT

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that participation in the Adventure Camp will include outdoor adventure activities such as; Team Building, High and Low Ropes, Zip Lines and other climbing related activities, Canoeing, Kayaking, Fishing and Hiking. These activities like all outdoor adventure activities contain an inherent risk of serious injury or death.

I understand that I may choose to not to allow my child's participation in a specific activity and may opt out of the same, by listing that activity below:

My child should not participate in: _____

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE ACTIVITY, I AGREE TO ASSUME FOR MY MINOR CHILD, ALL OF THE RISKS INVOLVED.

RELEASE FROM LIABILITY

In consideration of being allowed to participate in the Adventure Camp at Roundtop Mountain Resort, I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND SKI ROUNDTOP OPERATING CORP., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, IN ANY WAY RELATED TO MY CHILD'S PARTICIPATION OR USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE, RECKLESSNESS OR IMPROPER CONDUCT ON THE PART OF THE SAME.

I agree that I will advise the facilitator of any medical or health concern that might effect my child's participation in the program.

I agree to report all injuries to a facilitator or other staff member before leaving the area.

I hereby grant my permission for Roundtop Mountain Resort to use any photograph, film, videotape or sound recording of my child for any legitimate business purpose.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I hereby give my permission for my child to attend the Adventure Camp, and to participate in all related activities, except those I listed above. I agree that I have read, understand and the "Notice of Risk", "Assumption of Risk" and "Release of Liability" and agree to be legally bound hereto.

Signature of Parent or Guardian

(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

Date