



Camp or Program Name:

Camper Name:

Cost:

Emergency Contact & Participant Information

Participant's Name _____ Program/Camp: _____
Age _____ DOB _____ Sex and/or Gender _____

Parent/Guardian (1) _____ Relationship to participant _____
Home address _____
Phone (day) _____ Email _____

Parent/Guardian (2) _____ Relationship to participant _____
Home address _____
Phone (day) _____ Email _____

People (other than a parent/guardian) whom we may contact in the event of a medical emergency:
In the event of an emergency we will always attempt to contact a parent/guardian first.

Name _____ Phone (day) _____
Name _____ Phone (day) _____

PHYSICIAN'S NAME _____ Phone _____
Health Insurance Company _____
Policy Number _____

People (other than a parent/guardian) authorized to pick-up participant from the program:
Name _____ Phone (day) _____
Name _____ Phone (day) _____

If your child has any medical condition(s) or challenge(s) we should be aware of, it is your responsibility acquaint us with the existing condition both in this for as well as at drop-off on the first day of camp. The information will be held in confidence and use only to render proper assistance to the participant.

1. Does participant wear contact lenses/glasses?
2. Hearing aid?
3. Does participant have asthma?
 - a. If so, do they have medication? Please specify.

4. Does participant have physical disabilities or limitations we need to be aware of? If so, please describe the disability, limitation, and history.

5. Is participant on any medication? _____. If so, indicate the specific medication, condition prescribed for, and any known negative drug interactions. Please note MALT staff will not administer medication to any participant. If this presents a challenge, please contact MALT staff immediately to seek a reasonable solution.

6. Does participant have any special needs we should consider that may affect their ability to participate in nature-based education? For example, fears, second language, other learning disabilities, etc.? Please explain.

7. Does participant have other conditions that we should be aware of that may endanger, alter, or somehow limit his or her ability to participate in nature-based education? Please explain.

8. Is participant allergic to any of the following? If so, please give specific allergen, specific reaction, and degree of sensitivity.
 - a. Medications (penicillin, aspirin, etc.):

 - b. Insect bites (wasps, bees, etc.):

 - c. Foods (peanuts, chocolate, fruits, etc.):

 - d. Plants (poison ivy, etc.):

 - e. Other:

9. Does participant use medication for any of these reactions? If so, what do they use?

***If participant has anaphylactic allergic reactions we request they bring EpiPen or AnaKit and immediately notify MALT staff at check-in.

Parent/Guardian attests to a truthful and complete response on this form:

Parent/Guardian Signature: _____

Date: _____



**Release of Liability & Use of Image by
Parent/Guardian of Child Participant, &
Authorization to Administer Benadryl**

Participant's Name: _____ **Date of Birth:** _____

As the parent and/or legal guardian of the child named above, I wish for my child to participate in Middlebury Area Land Trust's ("MALT") nature-based programs. I understand that there are possible dangers associated with nature-based programs, including but not limited to, exposure to sun, varying weather conditions, and exposure to a variety of plant and animal species. I understand that my child's participation in MALT's nature-based programs may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that my child is participating in the activity at my own risk, and acknowledge that MALT has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

I hereby grant permission to MALT to reproduce my child's appearance, name, likeness, voice and biographical information in connection with MALT in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

In the event of a situation during MALT programs, where anaphylaxis is suspected, I give MALT staff and service members (Americorps) permission to administer Benadryl to my child and release them from any liability for the same.

I expressly release MALT, its officers, directors, employees, agents licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from MALT's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by MALT's negligence, in connection with any aspect of my child's participation in MALT's nature-based programs or in any related nature-based program activities.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____

Print Name: _____

Address: _____

Date: _____

MALT Behavioral Agreement



MALT strives to connect youth with nature by providing supportive and inclusive programs that focus on respect to ourselves, to others and to the environment. Our staff seeks to foster this environment in the following ways:

- By setting clear and well-defined expectations
- By modeling good behavior
- By reminding campers of expectations and reinforcing boundaries
- By listening to children and supporting them in resolving conflict
- By offering choices
- By setting and enforcing logical consequences

If a point is reached where a child continuously fails to respond to the behavioral management strategies listed above, parental/guardians involvement will sought.

However, in order for MALT to provide a safe, supportive and inclusive environment for all campers, certain behaviors cannot be tolerated and will be grounds for dismissal from camp or afterschool program. These include but not limited to: bullying and harassment, physical harm to others, and physical harm to oneself. If a camper is dismissed the family may receive a partial refund.

Participant's Name: _____ **Date of Birth:** _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____