

## THE MACHIA WILDERNESS CAMP

703 Dorset Street, South Burlington, Vermont, 05403

phone: 802-863-3557 [www.machiacamp.org](http://www.machiacamp.org)

### APPLICATION FOR ADMISSION – JULY 8 – 13, 2019

The Machia Wilderness Camp is open to youth ages 11 to 18. Each participant will receive a T-shirt and a home-cooked lunch will be provided daily. A suggested donation of \$100.00 is welcomed to help offset the cost of meals and other materials. Scholarships may be available. Please consider including an additional tax-deductible donation to our Capital Campaign with this application, or contact us for more information.

**Make checks payable to Machia Wilderness Camp. Refund policy: If for any reason the camper cannot attend, a refund can be provided, upon request, up to 30 days before camp begins.**

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Date\_\_\_\_\_

#### APPLICANT:

Name of Applicant \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shirt Size \_\_\_\_\_ School Attended \_\_\_\_\_

Briefly state why you wish to attend the Machia Wilderness Camp:

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#### PARENTS/GUARDIANS:

Parent/Guardian 1: Name _____	Parent/Guardian 1: Name _____
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Street _____	Street _____
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City, State Zip Code _____	City, State Zip Code _____
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Home Phone _____	Home Phone _____
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Work Phone _____	Work Phone _____
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E-mail Address _____	E-mail Address _____
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## HEALTH INFORMATION:

*The medical information you provide will allow us to better serve the individual needs of each child.*

General health - Check one: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Please list any special health issues, including allergies: \_\_\_\_\_

Does your child have a history of any of the following?

Constant Colds \_\_\_ Asthma \_\_\_ Respiratory infections \_\_\_ Headaches \_\_\_ Migraines \_\_\_

Dizziness/fainting spells \_\_\_ Seizures \_\_\_ Ear infections \_\_\_ Accidents/broken bones \_\_\_

Other (please explain): \_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_ *If yes, please list below.*

Medication Dosage Times per day Condition Supervising Physician

1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## MISCELLANEOUS:

How did you find out about Machia Wilderness Camp?

\_\_\_\_\_  
\_\_\_\_\_

Describe any concerns you may have about your child's participation in this program:

\_\_\_\_\_  
\_\_\_\_\_

The Machia Wilderness Camp does not discriminate on the basis of race, religion, color, sex, national origin, sexual preference or orientation, ancestry, familial status, physical or mental disability or handicap.

Safety is a vital part of this program. The Director and staff maintain the right to exclude any individual from some or all activities if they believe there could be an increased risk of harm to any person or property.

***I hereby grant permission for the above child to participate in the Machia Wilderness Camp and to use photographs taken of same child during the camp for use in promotion and advertisement of the camp. (Full names of campers will not be used along with photos.)***

### Camp Liability Waiver:

In giving permission for my child to participate in the Machia Wilderness Camp, I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the Machia Wilderness Camp, its directors and officers from any and all losses, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date