

THE MACHIA WILDERNESS CAMP

703 Dorset Street, South Burlington, Vermont, 05403

phone: 802-863-3557 www.machiacamp.org

APPLICATION FOR ADMISSION – JULY 11 - 16, 2022

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. The cost of \$150.00 will help offset the cost of meals and other materials. Please feel free to include a tax-deductible donation 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.

APPLICANT Name _____ Date _____
Gender _____
First M.I. Last
Date of Birth _____ Home Phone _____
Street Address _____ Place of Birth _____
City _____ State _____ Zip Code _____
Adult Shirt size _____ School Attended _____

Do you have a lifetime license? Yes ___ No ___

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

Ethnicity: ___ Caucasian, ___ African American, ___ Hispanic ___, Native American ___, Asian/Pacific Islander ___, Other ___, prefer not to say ___.

NAME AND ADDRESS OF PARENTS OR GUARDIANS

Parent/Guardian 1 name	Guardian 2/ Additional Contact name
Street	Street
City, State Zip Code	City, State Zip Code
Home Phone	Home Phone
Work Phone	Work Phone
E-mail Address	E-mail Address

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, 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.

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