



1757 County Rd. 59 – Caledonia, OH - (914)-400-8085 - info@ecocenterohio.com

General Information

Camper Name: _____

Birth Date: ___/___/___

Camp Age: _____

Full Address: _____

House Number Street City State Zip

Camper T-Shirt Size: **YS YM AS AM AL AXL**

Primary Contact: _____

Relationship to Camper: _____

Phone#: _____ Phone#: _____

Email: _____

Secondary Contact: _____

Relationship to Camper: _____

Phone#: _____ Phone#: _____

Release (Pickup) of Campers

I, the undersigned, authorize the following person(s) to pick up the above-named child at the ECO Center LLC. Day Camp and recognize that a picture I.D. must be presented to ECO Center Camp Staff before entering the camp area. If a picture I.D. is not present, the above-named camper will not be released.

1. _____
2. _____
3. _____
4. _____

*The above-named child is **NOT** to be released to the following person(s) under any circumstance.

1. _____
2. _____

Camp Selection and Payment

Circle the camp(s) and age group your child will be attending. Note: Camp weeks are subject to change based on enrollemnt.

June 10-14:

Tadpole (5-6yrs) - \$235

Pollywog (7-9 yrs)- \$235

Frog (10-12 yrs) - \$245

June 17-21:

Tadpole (5-6 yrs) - \$235

Pollywog (7-9 yrs) - \$235

Frog (10-12 yrs) - \$245

July 8-12:

Tadpole (5-6 yrs) - \$235

Pollywog (7-9 yrs) - \$235

Frog (10-12 yrs) - \$245

Total weeks selected: _____

Combined Price of Weeks Selected: \$ _____

Indicate Payment Method:

___ Check enclosed (Payable to "ECO Center LLC")

___ Online Payment

___ PayPal payment (info@ecocenterohio.com)

Camp must be paid in-full to reserve your camper's session. Please contact camp director, Emily Ollervides, with questions info@ecocenterohio.com.



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Release, Indemnification and Hold Harmless Agreement

Purpose: To release ECO Center LLC from any and all liability for the claim(s) of a participating camper and/or the claim(s) of such camper’s parents or legal guardian that might arise as a result of the camper’s participation in the summer camp and its programs and activities. I/We recognize the possibility and risk of injury associated with my/ our child’s participation in the summer camp. In consideration of ECO Center LLC accepting my/our child as a registrant for and participant in the camp, as the parent/legal guardian of _____ date of birth: _____, I/we hereby release, discharge and/or otherwise indemnify ECO Center LLC and agree not to seek or to hold ECO Center LLC, its agents, employees, volunteers, participants, owners, or directors responsible for any claim(s) by or on behalf of the camper or myself/ourselves for injuries of any kind, including but not limited to those caused or allegedly caused by the negligence of ECO Center LLC, its agents, or its employees, as a result of or in connection with the camper’s participation in the summer camp and its programs and activities.

Legal Guardian Signature X _____ Date: ___/___/___

Parent/Caregiver Additional Authorization-

I, the undersigned, grant / do not grant permission to ECO Center LLC the irrevocable and unrestricted right to produce photographs and video taken of my child while at ECO Center Day Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. If granted, I hereby release ECO Center and its legal representatives from liability for any violation or claims relating to said images or video. If this section is not filled out, ECO Center assumes permission is granted.

Legal Guardian Signature X _____ Date: ___/___/___

Standards and Agreement

PARENTS/GUARDIANS: Please review the following standards agreement with your camper. By signing your child up for camp, you and your child agree to the rules listed below. ECO Center LLC camp staff take pride in providing a safe and fun place to learn and explore while at camp. Electronic devices such as tablets, handheld game systems, and cellphones are not allowed at camp. These items are not permitted at any time during camp and will be confiscated until the end of the camp day.

In addition, here are several things that **WILL NOT BE TOLERATED** at camp for the safety and enjoyment of all. Be sure that your camper understands these conditions and signs below prior to the first day of camp.

- | | |
|--|--|
| 1. Consumption or possession of alcohol, drugs or tobacco. | 5. Physical relationships between any camper/camper or camper/staff. |
| 2. Foul, offensive or abusive language to another camper or staff member. | 6. Bodily harm or violence or any kind to another camper or staff member. |
| 3. Discrimination, harassment, or cruelty to another camper or staff member. | 7. Consistent disregard for safety rules or disruption of camp activities. |
| 4. Theft/damage to property belonging to another camper, staff member or facility. | 8. Possession of any weapon, including pocket knives. |

IF A CAMPER IS FOUND TO HAVE VIOLATED ANY OF THE ABOVE RULES, THE CAMPER WILL BE REQUIRED TO LEAVE CAMP. THE PARENT OR GAURDIAN WILL BE CALLED AND WILL BE RESPONSIBLE FOR REMOVING THE CAMPER IMMEDIATELY. THERE WILL BE NO REFUND OF ANY CAMP FEES.



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Legal Guardian Signature X _____

Campers Signature X _____

Health Form

Camper Name: _____

Birth Date: ___/___/___

Camp Age: _____

Full Address: _____
House Number Street City State Zip

Emergency Contact: _____

Relationship to Camper: _____

Phone#: _____ Phone#: _____

Physician Name: _____

Phone #: _____ Last Physical Exam: ___/___/___
*Must have been in last 24 months

Are your child's vaccinations up to date? Yes No

Health Insurance Provider _____

Policy/Group# _____ Phone#: _____

List Allergies and Reactions:

1. _____
2. _____
3. _____
4. _____
5. _____

Has your child ever had?

___ Measles ___ Chicken Pox ___ German Measles ___ Hepatitis A, B, or C

Indicate if your child previously/currently had/has the following conditions:

-Recent Injury/Illness/Infectious Disease	Yes	No
-Chronic/Recurring Condition	Yes	No
-Frequent Headaches	Yes	No
-Head Injury within the last 12 months	Yes	No
-Frequent Ear infections	Yes	No
-Heart Murmur	Yes	No
-Skin Condition(s)	Yes	No
-Back Problems	Yes	No
-Diabetes	Yes	No
-Seizures	Yes	No
-Major Surgeries and/or Hospitalizations	Yes	No

Please detail any "Yes" indications above:

List Dietary Restrictions:

1. _____
2. _____
3. _____
4. _____



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*All campers may be subject to a headlouse check upon arrival on the first day of camp (each Monday), if adult lice and/or nits are present during inspection your camper will not be permitted continue with the camp week. If treatment is sought from a licensed clinic, you must present proof of treatment before admittance to camp.

Please list all medications (including over the counter or nonprescription) taken routinely. You must provide enough medication to last the entire time spent at camp and it must be kept in its original packaging/bottle that identifies the prescribing physician, name of medication as well as frequency of administration and dosage.

Medication(s) Name	Purpose	Dosage	Time(s) Given
1. _____			
2. _____			
3. _____			

Over the Counter Medication

I hereby give my permission to administer over the counter medications indicated with an "X" if the camp staff deems it necessary. Dosage will be administered according to the directions on the bottle unless a physician directs otherwise. (These medications are provided by the camp)

___ Bug spray ___ Sunscreen ___ Tylenol ___ Cough Drops ___ Caladryl Lotion ___ Motrin ___ Saline Drops ___ Aloe ___ Hydrocortisone

Legal Guardian Signature X _____ Date: ___/___/___

Parent/Guardian Authorization

Primary Caregiver Authorization: I give permission for my child to attend the ECO Center LLC Day Camp in Caledonia, Ohio. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and administer first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child if I cannot be reached in the event of an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize, secure proper and / or routine treatment ad to order injection, anesthesia, x-rays or surgery in the event I cannot be reached in an emergency.

Legal Guardian Signature X _____ Date: ___/___/___

Please indicate any considerations we should be aware of that will help us prepare for your camper's stay and assure they are as comfortable as possible...

