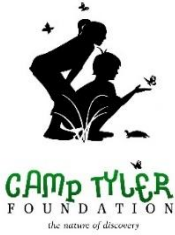


Circle Session Attending: June 17-21 June 24-28 July 15-19 July 22-26

Camper Fee is \$300 per session.



# 2024 Camp Tyler

## Adventure and Recreation

(Please print all information requested)

Camper Name (First and Last): \_\_\_\_\_

Birth Date (Month/Date/Year): \_\_\_\_\_ Gender: M F

Ethnic/Racial Background: (Circle One) American Indian Asian Black Hispanic White

Age as of May 31, 2024: \_\_\_\_\_ Grade Completed as of May 31, 2024: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian (IF other than father or mother): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Camper Pick Up Information: Person (s) authorized to pick up camper from Camp Tyler:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Fill out **ALL** information above. This application is completed when registration form, health form, and camper profile are completed and signed by the parent/guardian.

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## Camper Health Form

Camper's Name (Last Name): \_\_\_\_\_ (First Name): \_\_\_\_\_

### Health and Emergency Information:

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Hospital Choice: (circle one): Christus Mother Frances UT Health East Texas Other:

### Medications:

Medication and dosage to be taken during camp, including over the counter, non-prescription drugs,

**ALL Medications must be in their original container and have specific dispensing instructions. ALL medications must be turned in to the Camp Health Officer at the beginning of camp.**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Any allergies, recent illness, conditions, precautions, information:

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**Over The Counter (OTC) Medication Policy:** Camp Tyler takes the health and safety of our campers seriously. It is our policy that any OTC medications must be provided by the parents/guardians of the camper and be accompanied by a physician's order. Alternatively, should OTC medications be required, and you have been unable to acquire physician's orders, you may make arrangements with our health officer to administer OTC medications to your child.

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## Camper Health Form

### Signatures Required

**Emergency Treatment Authorization:** In case of emergency, I hereby give permission for physician (s) selected by the Camp Tyler Health Officer to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp and accept the conditions named. The health history and application information are correct, as far as I know, and the person described herein has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand this Emergency Treatment Authorization statement and give my full consent to the terms found herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contract of Release and Assumption of Risk Agreement:** By signing below, I (parent or guardian) have been informed and made aware that during my child's stay at the Camp Tyler Foundation, also known as, Camp Tyler Outdoor School, certain risks and dangers may occur. These include but are not limited to the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, as well as other such activities, including but not limited to, swimming, canoeing, caring for animals, as arranged by my organization. In consideration of Camp Tyler Foundation providing the facilities and my willingness to have our child, participant, engage in the above described and other various activities, I agree to indemnify, and do hereby release and hold Camp Tyler Foundation, also known as Camp Tyler Outdoor School, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which I have or which may arise from physical or emotional injury, including fatality, together with any damage to Participant's property or possessions, from or in connection with Participant's stay or participation in activities at Camp Tyler Outdoor School which have been arranged or made available to Participant. I have the authority to grant this release on behalf of Participant. The terms hereby shall serve as a release and assumption of risk for Participant, the person executing this document on behalf of Participant, their heirs, executors, administrators and for all members of their family.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Media Release Form

I, \_\_\_\_\_ (please print), grant permission to Camp Tyler and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Camp Tyler and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

**I acknowledge that I am:**

[ ] over the age of 18

[ ] the legal guardian of the following

**If legal guardian of model(s), please list name(s) here:**

**Name(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

Circle Session Attending: June 17-21 June 24-28 July 15-19 July 22-26

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# Camper Profile

## Please Print

**Camper Name:** \_\_\_\_\_

Please help us to get to know and understand your camper better. The confidential information requested below is shared only with the appropriate camp staff involved with your child and is specifically intended to be used to help us better serve the needs of your child. This is to make sure we know the important information for your child to have a positive experience while at Camp Tyler.

**Preferred Name or Nick Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Swimming Ability:** \_\_\_\_\_ Non-Swimmer \_\_\_\_\_ Fair Swimmer \_\_\_\_\_ Good Swimmer

**Has your camper ever been to a camp before?** [  ] YES [  ] NO If yes, how was the experience?

**What do you hope your camper will gain from their experience at Camp Tyler?**

**Does your camper have any condition that may affect participating in camp activities?**

**How would you describe your camper?**

**Does your camper have any concerns about coming to camp that would be helpful for us to know?**

**Please list some of your camper's interest and hobbies.**

**How does your camper get along with same age children?**

# *Code of Conduct*

## **Admission to Camp Tyler carries privileges and responsibilities.**

Please discuss with your camper, each of the following:

- I will participate in all camp activities and programs.
- I will communicate respectfully.
- I will cooperate with campers and staff.
- I will care for others and for the camp property.
- I will commit to do my best in everything I do.

In signing this, the camper agrees to abide by the *Camp Tyler Code of Conduct*.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_