

# Registration for Adventure on Friendship Mountain

Camper's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Optional:  Girl  Boy School \_\_\_\_\_

First Parent Name: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Work/Other Phone \_\_\_\_\_

Address \_\_\_\_\_

Second Parent Name: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Work/Other Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact if parent is not available:

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I give permission for photos of my child to be used in Adventure on Friendship Mountain printed material or on the Ashland Zen Center website

## MEDICAL AND ACTIVITY RELEASE FORM

Camper's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of the Insured \_\_\_\_\_

Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Camper's tetanus booster is current  Yes

Does camper have any known allergies?  Yes  No

To medications \_\_\_\_\_

To food \_\_\_\_\_

Other (bees, etc.) \_\_\_\_\_

Does camper have any physical limitations or need any accommodations?  Yes  No

Please specify \_\_\_\_\_

Is camper currently taking any medications?  Yes  No

Please specify \_\_\_\_\_ Dosage \_\_\_\_\_

All prescription and non-prescription medication must come in its original labeled container, be labeled with the child's full name, and include directions for administration. Medication that does not meet this requirement WILL NOT be administered. Campers will not be allowed to keep any medications with them (except EpiPens). All medication must be given to Adventure on Friendship Mountain counselor at the beginning of camp.

I give permission for Adventure on Friendship Mountain Camp counselors to administer the listed medications to my child

Should my child have a minor medical problem, I give permission for administration of non-prescription medication such as children's Tylenol, or topical creams such as Neosporin, at the discretion of an Adventure on Friendship Mountain counselor.

Share any behavioral issues or special circumstances we should know about. Be assured that any information you share will remain confidential. **NOTE: If a behavioral issue or special need arises during camp that was undisclosed, we will need to send your child home.** Safety is foremost for the whole group, and our preparation must include the conditions of all campers.

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**PAYMENT**

- \$445/Camper
- Member of AZC: \$420/Camper \_\_\_\_\_
- Donation to Scholarship Fund \_\_\_\_\_

*Make check out to AZC*      Total: \_\_\_\_\_

**BACKGROUND (OPTIONAL)**

Campers do not need a background in Zen Buddhism to attend the Adventure on Friendship Mountain. Our family religious affiliation, if any:

\_\_\_\_\_

Our family experience with Zen Buddhism or another branch of Buddhism, if any:

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

# Adventure on Friendship Mountain Release and Waiver

## PARENT RELEASE, WAIVER AND INDEMNITY AGREEMENT

I give permission for my child \_\_\_\_\_ to fully participate in Adventure on Friendship Mountain including transportation to and from the Adventure location.

While I understand that these activities will be well-monitored and safely undertaken, I also understand that there are inherent risks involved in any activity.

**I therefore agree to hold harmless Ashland Zen Center, and any supervising adult volunteer, for any injury my child sustains during Adventure on Friendship Mountain or during transportation to and from the Adventure location. I understand that I am responsible for all expenses related to any medical treatment during Adventure on Friendship Mountain or after.**

I also understand that should my child sustain any injury or illness while attending Friendship Mountain, I hereby authorize the Camp Counselors to administer necessary first aid, and to provide any necessary information required by a medical facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## CAMPER SAFETY AGREEMENT

Name \_\_\_\_\_

**During Adventure on Friendship Mountain I will take responsibility for the safety of my self and the group**

Because of the danger inherent to camping, I will follow the instructions of Camp Counselors at all times and agree to respond positively and quickly to such guidance.

I will ask questions to satisfy myself about possible hazards and how to be safe.

An Adventure on Friendship Mountain by its very nature encourages us to get out of our comfort zone. As with any wilderness activity, I understand that rugged terrain, the weather, potential encounters with wildlife, and travel to and from the program, may subject me to risk of accident or injury.

Signature \_\_\_\_\_