



Registration Form (please print legibly)

All persons staying at Thousand Pines are required to complete a registration form.

Name: _____ Date of Birth: _____ Gender: M ___ F ___
(Last) (First)

Name of Parent or Guardian (if applicable): _____

Physical Address: _____ City: _____ State ___ Zip: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____
(Last) (First)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____ Phone Number: _____

STUDENT HEALTH INFORMATION AND SPECIAL NEEDS:

Check ALL applicable conditions and provide explanations on the lines provided below.

Grid of medical conditions with checkboxes: Bee sting/insect bite reactions, Food Allergies, Hay Fever/Sinus Problems, Asthma, Back or Neck Problems, Bedwetting (currently), Bowel Problems, Epilepsy or seizure disorder, Fainting, Headache, Heart Condition, Nose Bleeds, Recent Broken Bone or other injuries, Recent Surgery, Vegetarian, Sleep Walking, ADD, ADHD, Diabetic, Special Ed, Child requires teacher aide in classroom or with ADL's.

Briefly explain ALL items checked above and explain any other medical issues not listed above (use additional sheets if necessary). Please also include any medically necessary dietary requirements: _____

- Prescriptions for minors: (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine, inhaler or over the counter medications that need to be given on a daily basis must be given to the sponsoring organization for camper's use under supervision.
All medications must be sent in their original container and accompanied with a Doctors Authorization Form. Current doctors orders on file at the school are acceptable.
Are you sending prescription or non-prescription medication with your child? Yes ___ No ___ if yes, please list and detail dosage information: _____
Is the student up to date on all immunizations? Yes ___ No ___
Has your minor child been exposed to any communicable disease within the past month? Yes ___ No ___
Has the student been diagnosed with any type of disease you would like us to be aware of? Yes ___ No ___ if yes, please specify the disease and explain _____
Date of last known Tetanus shot _____
Relatives' names and ages if also attending camp _____

Additional Information: _____

Medical Insurance Information

Medi-Cal Coverage Policy #: _____

Private Insurance Insurer Name: _____ Policy #: _____

MEDICALLY RELATED AUTHORIZATIONS:

Non-Prescription Medication Available at Thousand Pines

The medications listed below are kept in stock. Please check each box below to indicate your permission for the listed medication to be administered by the Outdoor School Nurse or an authorized staff member as needed. **We will not administer any medication to your child without authorization.**

Yes	No		Yes	No	
		Ibuprofen (muscle pain/cramps/fever reducer)			Benadryl (itch, insect bites, allergic reactions)
		Tylenol (headache/mild pain/low grade fever)			Claritin (allergies)
		Children’s Pepto Bismol (upset stomach/ nausea/diarrhea)			Hydrocortisone Cream (itch/rash)
		Milk of Magnesia (constipation)			Polysporin Topical Ointment (minor cuts/burns)
		Cough Drops (cough)			Betadine Topical Antiseptic (wound care)
		Robitussin (plain) (cough)			Phenylephrine (decongestant)

Authorization For Medical Treatment – INITIALS REQUIRED OR CAMPER CANNOT BE TREATED

Initials I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available. I further authorize site personnel to assist my child in the use of the medications indicated above and those listed on the attached Medication Authorization Form. *In the event that your student becomes ill, it may be necessary to have the student picked up from science school.*

Physical Activity Release – INITIALS REQUIRED OR CAMPER MAY NOT PARTICIPATE IN ACTIVITIES:

Initials Camp Activities include but are not limited to hiking and low and high confidence course activities. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect my student to participate in the activities and as assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in the said activities. I have read and understood this release of liability.

DVD Video Release - INITIALS REQUIRED OR CAMPER MAY NOT BE INCLUDED IN THE VIDEO

Initials Thousand Pines produces a weekly video recapping the activities the students participated in, and the information they learned. Each student will receive a free DVD video at the end of the week to take home as a souvenir. I authorize my student to be included in the DVD Video.

BEHAVIOR CONTRACT:

Behavior Standards/Discipline Policy

Follow all of your school’s behavior standards as well as the following behavior standards for Thousand Pines Outdoor Science School:

1. Be respectful towards all individuals, and follow the instructions of the science school staff.
2. Keep hands, arms, and legs to yourself. No touching, fighting, bullying, play fighting, or rough-housing.
3. Avoid the use of profanity.
4. Absolutely no weapons, vandalism or theft.

If any of the above standards are violated, I realize that I am choosing to accept the following discipline policy:

1. Be timed out from fun activities.
2. Assigned to onsite community service projects.
3. Have parents transport student from science school premises.

Should there be any serious difficulty with following the behavior standards, I support the discipline policy (above) and, if requested to do so will remove my student from the science school premises regardless of weather conditions. I also understand that if the student is picked up early for any reason, Thousand Pines does not pro-rate fees.

I have reviewed the Outdoor School Behavior Standards and agree to follow them as outlined. I understand that all school standards continue while at the Outdoor School. I understand that I may lose my privilege to attend Outdoor School if I fail to follow them.

Student Signature: _____ Date _____

and

Parent/Guardian Signature: _____ Date: _____

OR

School Staff Signature: _____ Date: _____

By signing this agreement I acknowledge that I have read and agree to all the statements above