

MEDICATIONS

Please list all medications (including non-prescription drugs) taken routinely. Bring enough medication to last during entire stay at camp. Keep medication in original packaging/bottle that identifies the name of the medication, the dosage, and the frequency of administration.

Med #1 _____ Dosage _____ Specific times taken each day _____
Med #2 _____ Dosage _____ Specific times taken each day _____
Med #3 _____ Dosage _____ Specific times taken each day _____

Please read carefully. This section must include guest or parent/guardian signature.

EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT

1. I/we hereby give permission for my/our child, who is a minor, to attend Tracy's Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize Tracy's Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by Tracy's. I/we authorize Tracy's Camp to administer those medications to my/our child which are indicated by a checkmark on the front side of this form according to the prescribed directions for each. If spaces are left blank, Tracy's Camp **WILL NOT** dispense that particular medication unless a physician or parent/guardian is contacted for approval.
2. I/we understand that payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for cost associated with injuries and/or sickness as a result of participation in any camp event. Tracy's Camp does not provide primary insurance coverage for the payment for medical bills resulting from participation in any camp event.
3. I/we agree to allow Tracy's Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
4. Tracys Camp and Retreat Center programs may include participation in initiative courses and games, ropes courses, climbing walls, zip line, paintball, sporting clays, archery, bonfires, hiking, camping, swimming, canoeing and riding in a Tracy's' Camp vehicle. I/we am aware in signing this form that I/we assume all risks, dangers and injuries associated with participation in this event and agree that neither Tracy's Camp, its directors, staff nor other representatives in any capacity shall be responsible for any loss, damages and injuries resulting to the camper in the absence of gross negligence imputable to Tracy's Camp.
5. I/We further agree to release, indemnify and hold Tracy's Camp, its director, staff and agents harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with his/her participation in the event. I understand that this release and indemnification releases treatment for the conduct of Tracy's Camp, and its agents, staff or assigns even if such conduct is negligent.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Name of Parent or Legal Guardian _____

Signature _____ Date _____

PACKING LIST

The “White Shoe” Principle: Seeing as Tracy’s Camp is a primarily outdoors environment, we have found that white shoes do not always depart from TC in the same shade in which they arrived. With this in mind, please note that a stay at TC may not be the best environment for new or nice clothing.

Clothing (1 days)

- Temperature appropriate clothing
- pajamas
- underwear/socks
- one pair closed toe shoes (ie tennis shoes/athletic shoes)
- raincoat/poncho

Bedding/Linen

- Sleeping bag or twin sheets and blanket
- Pillow/pillow case

Toiletries

- Toiletries bag
- Toothbrush/toothpaste
- Shower soap (recommend gel instead of bar)
- Shampoo
- Bath towel and washcloth

Other Items

- Bible
- Notebook/journal
- Pen/pencil
- Flashlight
- Insect repellent
- Water bottle

Optional Items

- Hat & Sunglasses

**Please make sure
your camper’s name
is on EVERYTHING!**

www.tracyscamp.com