



ESL Adventure Camp 2018 Camper Application

Camper Name: _____

Home Country: _____

Native Language: _____

Address:
W10085 Pike Plains Road
Dunbar, WI 54119

Phone: +1 715-324-6900
Fax: +1 715-324-6133
Email: admissions@northlandscholars.org

Session(s) Attending: ESL Adventure Camp

_____ Summer Session I June 29 – July 12, 2018
_____ Summer Session II July 13 – July 26, 2018
_____ Summer Session III July 27 – August 9, 2018
_____ Summer Session IV August 10 – August 23, 2018

- Campers will not be allowed to participate in camp activities until the Camper Application and the Medical and Release Form are completed/signed by a Parent/Guardian and returned with a COPY of your medical insurance card (front and back)
- Campers will be responsible for any and all medical expenses incurred during camp
- Space is limited. Complete and email this form to admissions@northlandscholars.org
- Forms can also be mailed to the above address
- If also mailing payment, make checks payable to Northland Scholars Academy

Gender: M / F Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____



Health and General History Statement

List any medication the camper will take at camp (please indicate name and dosage): _____

List any allergies, food allergies, drug reactions, or chronic medical conditions that would require special attention: _____

What was the date of the camper's last tetanus shot: _____

I hereby certify that the named camper is in good health and is fully able to participate in all activities of Northland Spring Break Camp. I know of no physical impairments, or any other facts, which in any manner limit his/her participation in the Northland ESL Adventure Program.

Parent/Guardian Signature: _____ Date: _____

Camper Name: _____ Session Attending: _____

Epinephrine Pen Use

Does your child use an epinephrine pen (if yes, please read and sign below): _____

I, the parent/guardian of the above named child, allow the Northland Staff to administer epinephrine via epi-pen to my child in emergency situations while at camp. I hereby agree to save and hold harmless Northland Global Management Group, LLC and any of its employees from and against any and all losses, claims, damages, or expenses which may arise as a result of granting this request.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Information

Please fill out the insurance information below. If you *do not* have insurance please write "Self-Pay" in each of the boxes and sign the self-pay waiver.

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____



I, the parent/guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I further certify that I will be financially responsible for any medical attention needed during camp or resulting from an injury received at Northland ESL Adventure Program. My medical insurance shall be the insurance coverage for any medical treatment.

Parent/Guardian Signature: _____ Date: _____

Self Pay Waiver

I, the parent/guardian _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I further certify that I will be financially responsible for any medical attention needed during camp or resulting from an injury received at Northland ESL Adventure Program.

Parent/Guardian Signature: _____ Date: _____