



## ESL Adventure Camp 2019 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](mailto:admissions@northlandscholars.org)

### Session(s) Attending: ESL Adventure Camp

\_\_\_\_\_ 10-Day Summer Session II July 18 – July 27, 2019

- 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
- Space is limited. Complete and email this form to [admissions@northlandscholars.org](mailto:admissions@northlandscholars.org)
- Forms can also be mailed to the above address
- If also mailing payment, make checks payable to Northland Global Management Group

**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 ESL Adventure 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: \_\_\_\_\_

**Medical Waiver**

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, beyond the included medical insurance, during camp or resulting from an injury received at Northland ESL Adventure Program.

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