



ESL Adventure Camp 2020 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

_____ 10-Day Summer Session I June 18 – June 27, 2020

_____ 10-Day Summer Session II July 16 – July 25, 2020

- 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
- 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: _____