



Outdoor Orienteering

School Group Individual Registration Form

School Name _____

Individual's Name _____ Age _____

Street _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone No. _____ Cell Phone No. _____

Name _____ Relationship _____

Home Phone No. _____ Cell Phone No. _____

Please list any known allergies or health conditions requiring treatment, restrictions, or other accommodations while at camp.

To Whom It May Concern:

I give permission for my child and/ or myself to participate in all Haycock Camp activities and to receive emergency treatment. The individual named above agrees to be included in any photographs and/or video publication of event.

Signature of Adult Camper -or- Parent/ Guardian of Minor Camper Date

Note: It is recommended that this form be completed by every individual attending the event. This form may be photocopied and distributed to each individual in your group.