



OUTDOOR DREAMS, INC
APPLICATION

CHILD'S NAME: _____

AGE: _____ CAMP DATE PREFERRED: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

IF UNABLE TO REACH EMERGENCY CONTACT, DO YOU AUTHORIZE EVENT STAFF TO MAKE MEDICAL
DECISIONS FOR YOUR CHILD? _____ YES _____ NO

ALLERGIES: _____

CHILD'S SHIRT SIZE: _____ (ADULT SIZES) _____

By signing this form, you hereby release Outdoor Dreams, Inc from any liability. You also give permission to use photos of your child to advertise future events and be posted to Outdoor Dreams website. We are a 501(C)(3) non-profit organization. Parents are welcomed to attend camps with their child.

Parent or Guardian Signature

Date

Application Deadline: May 31, 2018