

Skull Island Camp Application 2019

248-789-2223 DIRECT PHONE

WWW.SKULLISLANDCAMP.COM skullislandcamp@gmail.com

CAMPERS NAME: _____ PARENT/GUARDIAN(S): _____

ADDRESS: _____ ZIP _____

CAMPER'S AGE ____ DATE OF BIRTH ____/____/____ PHONE # _____

CHILD'S SCHOOL _____ PHONE #(2) _____

BEEN TO SKULL ISLAND? YES NO IF NO HOW DID YOU HEAR ABOUT US? _____

NAMES OF AUTHORIZED PICK UPS OTHER THAN ABOVE? _____

CAMP SESSION (PLEASE NOTE SESSION # & DATE) _____

NEED BEFORE CARE? 8AM YES NO AFTER CARE 6PM YES NO

ADDITIONAL INFO? _____

**PARENTS: SEND THE FOLLOWING: (HOODIE/SWEATSHIRT, TOWEL,
FLIP FLOPS/WATER SHOES AND SWIM SUIT) PLEASE OLD CLOTHES.
(SMALL water bottle is suggested- with child's name on it)**

***** WRITE YOUR CHILD'S NAME ANYTHING IMPORTANT. *****

EMAIL ADDRESS: _____

CAMP CERTIFICATE WAS RECEIVED THRU _____

WHAT YOUR CHILD LIKES AND DOESN'T LIKE

MAKES FRIENDS EASY? YES NO
PLAYS WELL WITH OTHERS? YES NO
NEEDS CONSTANT STIMULATION? YES NO
ANGERS EASILY? YES NO
GETS FRUSTRATED OR DISCOURAGED QUICKLY? YES NO
IS ON ANY MEDICATION YES NO

PLEASE DESCRIBE _____

IS YOUR CHILD DIABETIC? YES NO
DOES YOUR CHILD HAVE ASTHMA? YES NO
NEEDS MEDICATION TO MAINTAIN CONTROL YES NO

IF YES PLEASE DETAIL MEDICATION _____

MEDICATION TAKEN AT HOME BEFORE CAMP? YES NO
DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF YES PLEASE DESCRIBE IN DETAIL _____

ARE THESE ALLERGIES LIFE THREATENING? YES NO

IF YES PLEASE EXPLAIN IN DETAIL _____

EMERGENCY/FAMILY DOCTOR NAME & PHONE _____

DATE OF CHILD'S LAST PHYSICAL _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

In consideration of Skull Island Camp, L.L.C., a Michigan limited liability company furnishing pontoon transportation services to my child in conjunction with island camp activities, I, on behalf of myself, my child, and our respective representatives and heirs, authorize Skull Island Camp to and request that Skull Island Camp provide pontoon transportation services to my child in conjunction with Skull Island Camp activities, and hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Skull Island Camp and its owners, agents, officers and employees from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing of transportation services to my child in conjunction with Skull Island Camp activities including without limitation pontoon transportation to, from or during any camp activity. I specifically understand that I am releasing, discharging and waiving any claim or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, officers or employees of Skull Island Camp.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXONERATE AND RELIEVE SKULL ISLAND CAMP FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER ACT OR OMISSION.

NOTICE: Sports activities involve varying degrees of risk depending on the skill of the participants and the level of play. Each participant in the sports activities at Skull Island Camp such as swimming, fishing, rope swings, zip lines and paddle boating acknowledges that he or she is fully knowledgeable as to the risks of the sport in which the individual intends to participate. The participant states that he or she is in good health and has no knowledge of any illness which would impair ability or increase any risk. The undersigned participant agrees to assume all risks of the activity in which the undersigned will participate and waives all claims against Skull Island Camp, its agents, servants and employees arising out of the participation by the undersigned in the sports and other activities at the Skull Island Camp property. This agreement to assume the risks of the sports and other activities shall be continuing until revoked in writing with an acknowledgment in writing that the revocation has been received by Skull Island Camp.

Parent's Authorization

The undersigned is the parent or legal guardian of (child's name) _____ who is a minor. The undersigned acknowledges notice of the risks of the sports and other activities on Skull Island as stated in the above Notice, and approves of participation by the minor in the sports and activities and also allows for all publication to Facebook and island website photos and videos of above said child in above activities. The undersigned accepts and assumes the risks of the activities on behalf of the minor as stated in the foregoing paragraph. The undersigned authorizes employees of Skull Island Camp to request medical treatment for the minor in the event of any emergency which in the opinion of the employees requires immediate medical treatment.

Parent Name _____ Parent Signature _____ Date _____

*******NEW DROP OFF AND PICK UP LOCATION*******

CAMP LOCATION: OUR CAMPGROUND IS LOCATED IN THE MIDDLE OF PONTIAC LAKE. FOR DROP OFF AND PICK UP PLEASE USE WALT'S POINT MARINA LOCATED ON M-59 WEST OF WILLIAMS LAKE AND EAST OF PONTIAC LAKE RD.

G.P.S. 8226 HIGHLAND RD. WHITE LAKE 48386