



Saak Adventure Camp Application

Date of Enrollment: _____

Child's Name: _____ Birth Date: _____
First Middle Last

Skagway Physical Address: _____

Local Mailing Address: _____

Phone: _____ Email: _____

Parent #1 Contact Information	Parent #2 Contact Information
Name: _____	Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

HISTORY OF CHILD

PHYSICAL HEALTH

Are there any past or present health conditions of which Saak employees should be made aware?
(Asthma, allergies, headaches, seizures, indigestion, etc.)

List any dietary restrictions or requirements for your child: _____

List/describe any other information about your child's physical health (if necessary): _____

DEVELOPMENTAL CHALLENGES/CONCERNS

Please check those which apply to your child.

____ Difficulty hearing ____ Difficulty seeing ____ Difficulty walking, running or moving

____ Difficulty with talking ____ Difficulty using his/her hands (such as puzzles, building with blocks,
or making sounds drawing, grasping)

If you checked any, please explain: _____



Child's Name: _____ Age: _____

Authorization to Release Child

The following person(s) are authorized to pick up my child from Saak Adventure Camp.

Name	Relationship	Phone #
1.		
2.		
3.		
4.		

Topical Skin Products

I give Saak Adventure Camp staff permission to use the following topical products on my child when necessary and as prescribed by the manufacturer on the product label.

☐ Sunscreen ☐ Hydrating Lotion
☐ Insect Repellent ☐ Bactine Spray
☐ I do not give permission for Saak staff to use the products listed above on my child.
☐ I give permission for the Saak staff to use the products on my child that I have provided.

Field Trip

We take the children on hikes, walks and other outings within Skagway and occasionally Dyea to the below locations. Please check those in which you permit the staff of Saak to take your child. All other field trips not listed on this form will have their own, specific permission form.

<input type="checkbox"/> Skagway Recreation Center	<input type="checkbox"/> Smuggler's Cove	<input type="checkbox"/> Yakutania Point
<input type="checkbox"/> Public facilities (Public Library, Skagway City Museum, NPS Museum, etc)	<input type="checkbox"/> Skagway River banks near shallow water	<input type="checkbox"/> Seven Pastures
<input type="checkbox"/> Skagway Fire Department	<input type="checkbox"/> Molly Walsh Park	<input type="checkbox"/> Reid Falls
<input type="checkbox"/> Pullen Pond	<input type="checkbox"/> Lower Dewey Lake	<input type="checkbox"/> Glacier Flag Stop (via Train)

Photo Release Authorization

With your permission, we may place your child's photo on our website or use it for advertising the program. Please check preference below to let us know your photo release authorization.

I (☐ **GIVE**/ ☐ **DO NOT GIVE**) permission for my child's picture to appear in the above-mentioned media.

Please know that we will be taking all children's photos for use in such things as art projects, screensavers, and classroom decorations within the facility

Transportation

I acknowledge that my child will be transported, under the supervision of a designated Saak employee, by SMART Bus or by a vehicle operated by a Saak employee.

Movie

I acknowledge that, on occasion, Saak Adventure Camp will show G rated movies to kids. Parents will receive advance notice of movie days and be informed on selected movie. If a parent does not wish their kid to watch the selected movie, the parent must notify the Saak Lead Council at or before the start of camp on the day of the movie showing.

Parent/Guardian Signature

Date