

CHEERIO ADVENTURES CONFIDENTIAL FORM

TO BE COMPLETED BY PARENT/GUARDIAN

NOTE: MUST BE RECEIVED IN
OUR OFFICE BY MAY 1, 2010

PLEASE COMPLETE AND RETURN TO:

**CHEERIO ADVENTURES
1430 Camp Cheerio RD
Glade Valley, NC 28627**

Session(s) Attending: _____

Camper's Full Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip _____

Child's E-Mail _____ Parent's E-Mail _____

Home Phone _____ Business Phone _____ Cell Phone _____

Parents'/Guardian Name: Mother _____ Father _____

Parents living together? _____ If no, explain (Divorced, deceased, etc.) _____

If separated or divorced, with whom does your child live with? _____

Are there any custody or visitation restrictions? _____

My child has permission to ride home with _____

Age _____ Birthday (month/date/year) _____ Grade attending next fall _____

Brothers/Sisters? (Ages) _____

Has child ever been away from home? _____ How long? _____

Church/Religious Affiliation _____

Child's special interests/hobbies/clubs _____

List special skills/values you seek for your child at Cheerio (be specific) _____

Are any social adjustments needed or desired? _____ If yes, explain _____

Does your child sleepwalk? _____ Talk during sleep? _____

Have a tendency to wet bed? _____ If yes, list frequency _____

Has your child had a (or is there an impending) traumatic experience within the last year that would affect his/her camping experience? Explain _____

Any dietary restrictions or preferences? (Vegetarian, etc.) _____

List foods your child does not like _____

Has child attended Cheerio as a camper? ___ When? _____

Has child attended Cheerio Adventures before? _____ When? _____

List other camps child has attended _____

Were other experiences positive? _____

Has child had any outdoor camping experiences? _____

Does child have a bicycle? _____ If yes, what type? _____

Check activities your child has participated in:

___ Rock Climbing ___ Rappelling ___ Canoeing ___ Backpacking ___ Mountain Biking ___ Caving

If yes, to any of above where/when? _____

Is child allergic to?

___ Bee Stings ___ Insect Bites ___ Poison Ivy ___ Poison Oak ___ Foods (milk products, etc.)

If yes, to any of above explain _____

Has child been on behavioral modification medicine during the school year? _____

Will medication be continued during camp? _____ Name of Medicine _____

Is your Child Attending with a friend? ___ If yes, what is their name? _____

This confidential form is shared with your child's counselor prior to his/her arrival at Cheerio in order to be better prepared to understand and be more effective in caring for your child. Please be candid. Use the remainder of this page for additional helpful information you feel would help us know your child better. History of extended illness or health problems should be explained. Please list special instructions or practices to be avoided or expanded upon in planning a program for your child. Attach additional page if necessary. Thank you for your assistance.

I agree Camp Cheerio/Cheerio Adventures is released from liability in connection with medical treatment and unavoidable accidents. Camp Cheerio also has my permission to use necessary medical measures in the event of an emergency, for which I will be financially responsible. My child has permission to leave the campgrounds with authorized camp staff for scheduled trips and outings. I will be financially responsible for any malicious damage to Cheerio/Cheerio Adventures equipment, which is assigned, to my child. I fully understand the inherent risks involved in the activities my child will be choosing or has chosen. I accept all risks including those activities preliminary and subsequent to the chosen activity. Also, I give Camp Cheerio permission to utilize my child's photograph or likeness in camp promotional materials.

Parent or Guardian Signature _____ Date _____