



Trail's Edge Summer Camp

PERSONNEL RECORD

Email Address _____

Date: _____

Name: _____ (Nickname) _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Birthdate: _____ Age: _____



WORK & CAMP EXPERIENCE

Employer: _____ Occupation: _____

Address: _____ Telephone #: _____

➤ Have you attended Trail's Edge Camp before? Y or N If yes, what year? _____

➤ Have you attended any other children's camps? Y or N
If yes, Camp type? _____ Your Role _____

➤ Do you have experience with children with disabilities? Y or N
If yes, please describe: _____

➤ What is your last completed education? _____

➤ Circle any current licenses, certificates and/or other credentials:
Lifeguard RN RRT MD CRTT PT OT RT BCLS ACLS WSI EMT
Other: _____

Staff members are required to provide information regarding any criminal convictions. (Other than minor traffic violations).

➤ Do you have any criminal convictions? Y or N If yes, please describe: _____



CONSENT TO PHOTOGRAPH

The Trail's Edge summer camp will photograph activities at camp to use for fundraising and publicity purposes. The following consent allows Trail's Edge Summer Camp and or agencies to film for these reasons.

I hereby give my consent to the Trail's Edge Summer Camp program and/or other organization invited to camp to take and use my photograph, audiotape and/or videotape recording for education, promotional, advertising and/or fundraising purposes.

Signature of Camp Participant

Date



CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent to receive medical care by Trail's Edge Camp Physician in the event of an emergency.

Signature of Camp Participant

Date



HEALTH HISTORY & INFORMATION

- Do you currently have an infectious disease? Y or N
- Any medication allergies? Please describe: _____
- Food allergies? Please describe: _____
- Environmental allergies? Please describe: _____

Do you have any chronic or recurring illness? _____

Do you have any physical limitations? _____

Please list any current prescription or medications? _____

- Have you received the Hepatitis B vaccine? Y or N

If no, Waiver: _____

Signature of Camp Participant

Date



EMERGENCY CONTACTS

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

➤ Name of Health Insurance Plan: _____

➤ Policy Holder's Name: _____ Policy #: _____



REFERENCES

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____



Camp Staff Use only

Reference #1: Checked by: _____ Date: _____

Reference #2: Checked by: _____ Date: _____

Reference #3: Checked by: _____ Date: _____

