

Waiver_____ Payment_____



SUMMER ADVENTURE CAMP 2026

Tuesday-Friday, Drop off 9:15-9:30am and Pick up 2:30pm

Camp Session **1** **2** **3** **4** **5** **Age** **Name of school/upcoming grade** **T-shirt size**

Circle

Climbers Name **Nickname** **Date of Birth** **Gender**

Parent/Legal Guardian Info

Name of Minor's Parent **Cell Phone** **Business Phone**

Address of Parent **Email**

Name of Adult Dropping off/Picking up Climber (if different) **Cell Phone** **Email**

Emergency and Other Information about your Child (Food and drink will be provided)

Allergies or Intolerance to Food/Medication: **Physician** **Phone**

Physical, psychological, behavioral or sensory impaired or other disabilities that we should be aware of:

Emergency Contacts

Name **Relationship** **Phone**

1. _____

2. _____

Other Adults Authorized to Pick Up Child

Name	Relationship	Phone
1. _____		
2. _____		

Person(s) NOT authorized to pick up child (attach custody papers as necessary)

TERMS AND CONDITIONS

1. Tree Trekkers agrees to notify the Parent/legal guardian ("Guardian") and adult dropping off the climber, if he or she becomes ill or has an accident that causes bodily harm. Parent/guardian shall be responsible for arranging to have climber picked up as soon as possible if requested.
2. The Parent/Guardian authorizes Tree Trekkers staff to obtain immediate medical care if any emergency occurs.
3. The Parent/Guardian agrees to inform Tree Trekkers staff within 24 hours if climber or member of immediate household has developed a reportable communicable disease (as defined by the State Board of Health) after leaving the Park.
4. Parent/Guardian is responsible for making sure their child knows who is picking them up and not to leave the park with any other person.
5. The Parent/Guardian has signed a separate release and waiver and nothing herein is intended to amend or change the terms of the waiver. This form must be filled out and signed only by the Parent/Guardian.
6. The Parent/Guardian authorizes Tree Trekkers to supervise my minor child while he or she is at the Park and understands and agrees that if the child does not listen to the Facilities staff, he or she will not be allowed to climb.
7. The Parent/Guardian has disclosed above any disabilities or medical and psychological conditions of your child which may reasonably require an accommodation or impact his or her ability to participate in activities or could potentially cause harm to others. Further the Parent/Guardian agrees to make themselves available by phone or in person to answer any questions that Tree Trekker staff have to ensure the safety of your child and others. Tree Trekker's reserves the right to require parents to be present at the Park as a condition of allowing your child to participate.

PARENT/LEGAL GUARDIAN SIGNATURE

_____DateSigned Waiver Initial

TREE TREKKERS ADMIN SIGNATURE _____Date

Payment

Please click the Book Now Button, on the left-hand menu click Summer Adventure Camp, click the camp session you wish to register for, on the calendar click the Tuesday (first day of camp) select 9:30am (camp start time) add to cart.

Waiver: You will receive a confirmation email, in that email will be a group waiver management link. Click the link and complete the waiver-add your information first, click add minor and add the minor’s information. Everyone on the property will need to sign a waiver. This includes climbers and non-climbers.