



grotonwood

**Grotonwood Weekend Getaway APPLICATION:**

**IMPORTANT:** This application will not be considered if it is returned incomplete, or without the **required full payment of \$300.00 . Please make Check payable to GROTONWOOD. Mail Application, Payment to: 167 Prescott St., Groton, MA 01450**

**CAMPER INFORMATION** (Note: This is the address ALL correspondence will be mailed to)**PLEASE PRINT NEATLY**

Camper's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

( ) Male ( ) Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**CONTACT INFORMATION (During the Year AND While at Camp)**

Contact Person #1: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Night Phone: \_\_\_\_\_

***If not available, please call:***

Contact Person #2: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Night Phone: \_\_\_\_\_

**Person/Agency Responsible for Transportation**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The person herein has permission to engage in all scheduled activities. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Grotonwood Camp staffs to hospitalize, secure proper treatment for, and to order injections and/or surgery for my above named camper. This application has my approval. Grotonwood Camp cannot guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and/or injuries. Photographs and videos in which my child appears may be used for promotional purposes.

**Camper/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_