

Camp Colorado 2012



American Birding[®]
ASSOCIATION

Participant Information

NAME: _____

LODGING: If you know another young birder attending the camp with whom you would like to share a tent, please provide the name below. We will try our best to match up roommates, but please note that we may not be able to honor all requests. If you don't know any other young birders attending, don't worry! We will assign a roommate for you.

PREFERRED ROOMMATE(S): _____

MEALS:

_____ I am a vegetarian and require the vegetarian option at all meals.

_____ I have food allergies or sensitivities to: _____

_____ I have other dietary requirements. Note that we will make every effort to accommodate special dietary needs, but may not be able to do so in all cases. Please describe below.

MEDICAL HISTORY

Camp attendees must carry a photocopy of their insurance card with them at all times!

1) Do you have any medical conditions of which we should be aware? Describe:

2) Are you currently taking any medication(s) on a regular basis? If so, list the name(s), condition it treats, dosage, and how often it must be taken.

3) Do you have any known allergies to any medications? _____

4) Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp leaders should be aware. _____

SIGNATURE: I hereby affirm that the above information is correct.

Signature of parent/guardian

Date

Signature of YBC participant

Date