



We are back! NLA is coming once again to Camp Wilder in Springfield, MA and we're offering the best outdoor adventure camp in all of New England. Come take the Wilder Side challenge and you can judge for yourself. This will be our 12th summer running camp and our staff can't wait to see you all again and meet some new young adventurers.

Please send completed form to 19 Rattle Hitt Rd, Southampton MA 01703 Care of: Next Level Adventures or nextleveladventures@hotmail.com

**Camp Wilder Address: 1524 PARKER ST.
SPRINGFIELD MA, 01108**

**(BEHIND PIONEER VALLEY MONTESSORI SCHOOL)
MONDAY-FRIDAY 8-3**

Name of Student: _____ Date of Birth: _____ Age: _____
 Name of School: _____ Grade: _____
 Name of Parent/Guardian/Primary Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email address you check frequently: _____
 Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**
Weeks attending (circle all that apply):
 Session 1: July 2-July 6 **Session 2: July 9-13** **Session 3: July 16-20**
 Session 4: July 23-27 **Session 5: July 30-Aug 3**
Tuition: \$300 (\$250 Springfield Residents) Payment options:
 Check **Cash** **Credit Card (Upon Arrival)**

EMERGENCY CONTACT Name: _____ Relationship: _____
 Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)
 Does your camper have any medical conditions, allergies, or special needs the staff should know about? **Please send in copy of latest physical/vaccinations (or bring the day of)**

Permission Form
Parent/Guardian Permission:
 My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes the Springfield School Department to release my child's social security, SASI, State ID numbers, and necessary school documents to the REACH and or CDGB partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.
 I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures. YES NO

Signature: _____

Any additional questions please contact:
Brad Miller (Camp Director) 413-530-1301 or nextleveladventures@hotmail.com or
Carrie Hemmelgarn (Camp Coordinator) 413-896-5278 clhemmelgarn@gmail.com