



# KIDS KAMP 202) Registration Form...

Date: \_\_\_\_\_

Childs Name: First \_\_\_\_\_ Last \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: Mother \_\_\_\_\_ Father \_\_\_\_\_

Permission to add email to the AANR Midwest Kids Kamp email list:  yes  no

In Case of Emergency call: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Person dropping off child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Member Cedar Trails?  yes  no

Person picking up child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Member Cedar Trails?  yes  no

Above child will be under the supervision of (name) \_\_\_\_\_

**Makes checks Payable to:** (note venmo, paypal, and zelle are accepted methods of payment also)  
Susan Cappa (Do not make checks out to Cedar Trails)  
3304 Lantant Court  
Kissimmee, FL 34746

Contact: CTkidskamp@gmail.com 513.368.3007

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**For office staff**

Fees:

\$100 tuition for week if paid before 5/16/25. Otherwise \$125  
\$150 Meal Plan for week

Fee Collected: \_\_\_\_\_ Date: \_\_\_\_\_ per (initials) \_\_\_\_\_

Add to email list?  yes  no

Collected Medical  yes  no

Letter of Permission if applicable  yes  no

Email form to: CTkidskamp@gmail.com

# Cedar Trails Nudist Retreat KiDS Kamp

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## HEALTH FORM AND CONSENT TO MEDICAL TREATMENT

Date: 6/15/25– 6/21/245

Please read and complete both sides of this sheet and return **immediately** to the Susan Cappa 3304 Lantana Court, Kissimmee, FL 34746 or CTkidskamp@gmail.com email It is **extremely** important that we have these forms in time to review them **before** the program begins.

Our policy prohibits staff from administering or carrying medication for campers, so please be sure your child knows the proper way to carry and use his/her inhaler, epi-pen, or other medication.

**\*\*\*\*Please be sure that all telephone numbers are legible, indicate if cell and which # to call first.\*\*\*\***

Child's full name \_\_\_\_\_ Gender:  M  F Birth date \_\_\_\_\_

Nickname or name child prefers to be used \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone Alternate \_\_\_\_\_

Email Mother \_\_\_\_\_ Father \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ Telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Pediatrician/Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ By \_\_\_\_\_ Telephone \_\_\_\_\_

1. Immunization record (check)  DPT (diphtheria, pertussis, tetanus)  MMR (measles, mumps, Rubella) Polio

2. Known or suspected allergic reactions, (please check):

- Antibiotics or other medications (specify) \_\_\_\_\_
- Asthma (please describe severity) \_\_\_\_\_
- Environmental agents (check all that apply):  dust  molds  pollen  cats  dogs  horses
- Insect bites, bee, wasp or hornet stings (describe \_\_\_\_\_)
- Poison ivy \_\_\_\_\_
- Food (please list and describe): \_\_\_\_\_
- Shellfish allergies \_\_\_\_\_ May be induced when eating insects such as cicadas.
- Other \_\_\_\_\_
- NO KNOWN ALLERGIC REACTIONS

Does your child require medication for any of these allergic reactions?  Yes  No

Explain:

3. Please list any medications (other than those mentioned above) that your child may be taking:

4. General Health Status. For each item, indicate "none" or give brief description (use "Comments" section), as needed.

- a) Recent surgery/illness \_\_\_\_\_ d) Nervous habit \_\_\_\_\_
  - b) Broken bones \_\_\_\_\_ e) Emotional \_\_\_\_\_
  - c) Headaches/seizures/convulsions \_\_\_\_\_ f) Other limiting conditions \_\_\_\_\_
- Comments \_\_\_\_\_

5. What other characteristics about your child would it be helpful for us to know about (interests, talents, fears, social skills, etc.)?

**CONSENT: IN CASE OF ANY CONDITION REQUIRING MEDICAL TREATMENT**, I hereby authorize Cedar Trails Nudist Retreat personnel and Kids Kamp Staff to obtain medical treatment, hospitalization, medication, injections, anesthetic or surgery for the child named above when such treatment or hospitalization is considered necessary in the opinion of a licensed physician. Further, I hereby agree to pay for the medical treatment authorized above.  I do /  do not carry medical insurance with:

Carrier \_\_\_\_\_ By: \_\_\_\_\_  
signature  Mother  Father  Legal Guardian

Policy Number \_\_\_\_\_ Date: \_\_\_\_\_

(Please read and sign 2nd page)

# Cedar Trails Nudist Retreat

## Kids Kamp 202) PROGRAM RELEASE FORM

Some of the usual activities in which children participate during the Kids Kamp programs can include, but are not limited to:

**Organized exploration of the outdoors** (including, but not limited to, walks and trips to woods, zip line, lake, and other natural areas for educational purposes).

**Animal handling** (with contact including, but not limited to, captive non-venomous snakes, frogs, salamanders; free-living animals such as crayfish, fish, frogs, turtles, insects; and occasionally dogs and other domestic animals used in demonstration programs).

These activities can, by their nature, pose some risk to the participants, including, but not limited to, physical or emotional stress, physical risk and exposure to environment or contact allergens (dust, mold, pollen, animals, poison ivy, grasses, and insect bites and stings, among other things). On very rare occasions non-venomous snakes may bite. It is important to note that some of these risks are in addition to the usual risks attendant to summer kamp experiences.

Therefore, our staff needs to be informed of any and all physical, emotional, developmental, learning, or health limitations of which you are aware that might place your child at greater than normal risk during participation in this program. Thus, it is incumbent upon you to complete the reverse side of this page thoroughly, clearly, and thoughtfully.

### Naturist and Health Discussions

During camp our goal is to always engage campers in a way that empowers them as young people. At camp, we will have daily naturist discussions initiated by counselors, but largely guided through comments and questions posed by children during the discussion. A good example would be a discussion about naturist etiquette, such as sitting on towels in public areas and showering before getting into the pool. We are frank and honest in our discussions. If a child asks a question, we will always strive to answer that question in an age-appropriate way. Sometimes children will feel comfortable asking a question to a counselor that they may not ask a parent. Know that our counselors have heard it all and will not shy away from any legitimate question.

Age-appropriate health related topics are sometimes discussed. These topics will range from sun safety to how our girls can confidently cope with a period, and how our boys deal with unintentional erections. Experiencing life nude sort of places these normal and natural functions out in the open. Our campers have questions and concerns about these topics. The goal is to remove negative stigmas around such topics and to empower our campers through knowledge and self-confidence. We are very fortunate to have on staff medically qualified counselors who are passionate about educating our young people, as well as young counselors who can easily relate to any concerns that your child may have about their bodies. We have found that parents in nudism welcome these open discussions. **However, as the parent, you always have the right to ask that your child be left out of any topic of discussion, if you have any concerns please communicate with us before camp.**

I consent to include my child(ren) in naturist and health discussions.

I DO Not want my child(ren) to be included in naturist and health discussions.

### CONSENT AND RELEASE:

I have read, or had explained to me, and understand the preceding paragraphs and have completed the health form on the reverse side of this page to the best of my knowledge. I consent to allow my child, or to engage myself, in activities of the type mentioned above and agree to assume the reasonable risk of participation in these activities. Further, in consideration of being permitted to participate in the Cedar Trails Nudist Retreat Kids Kamp, I hereby release and waive individually and on behalf of my child any and all claims, demands, and causes of action which either of us now has, or may in the future have, against the Cedar Trails, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, however caused, including by negligence, resulting from, or arising out of, or in any way connected with the program.

Minors Name (include all kids in family) : \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Parent (father) or Legal Guardian Signature

Parent (mother) or Legal Guardian Signature