

2017 Promise Camp Registration Information (all required)

Camper Name: _____ M F Age: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian Name: _____ Phone(s): _____

Parent/Guardian Email: _____

Emergency Contact 1: Name & Relationship to Camper: _____ Phone: _____

Emergency Contact 2: Name & Relationship to Camper: _____ Phone: _____

Session (only 1): 1 (6/25-6/30) 2 (7/2-7/7) 3 (7/9-7/13) 4 (7/16-7/21) 5 (7/23-7/28) 6 (7/30-8/3 Urban Impact ONLY)

Transportation: East Liberty Home Depot Bus North Side ACAC Bus Aliquippa Linmar Terrace Bus Parent Transportation

Previous Camper? Y N Cabin Mate Request: _____ Annual Household Income: \$ _____

Is camper eligible for free/reduced lunches?: Y N School District camper attends: _____

Camp Fee: \$30 (Annual Household Income (AHI) < \$40,000) \$100 (AHI \$40,000-\$60,000) \$400 (AHI > \$60,000)

Medical Information (all required)

Promise Camp will not accept children who don't have all their up-to-date immunizations, who cannot toilet themselves and/or shower themselves, who are insulin-dependent diabetic, or who have an autism diagnosis. Promise Camp reserves the right to refuse any camper based on any medical, psychological, or other reasons that we deem to be a hindrance to the camper's ability to have a safe and enjoyable camping experience.

Does the camper have any allergies which result in anaphylaxis? Y N If yes, please describe the allergy and symptoms of reaction:

If yes, will you provide an Epi-Pen for administration in case of emergency? Y N

Please list any over-the-counter (OTC) medications the camper is NOT permitted to receive while at camp:

Please indicate if the camper has a history of any of the following:

Asthma with Inhaler Seizure Disorder Migraines Back Injury/Pain Sleep Problems Bed Wetting Head Injury
 ADHD, ADD Psychiatric Diagnosis (depression, ODD, OCD, etc.) Other (please specify) _____

If yes to any of the above, please explain: _____

What is the year of the camper's last tetanus shot? _____

Please list all medications, prescription or over-the-counter (OTC) the camper will be taking while at camp. All medications must be in their original containers or packaging with all appropriate dosage and administration information.

MEDICATION NAME	REASON

Every part of this form, front and back, **must be complete** in order to register your child as incomplete forms will be returned. In addition to this completed form, the following items are required **at least 2 days in advance** of the camper's session in order for the child to attend:

- A copy of your child's latest physical exam dated within 1 year of camp session and SIGNED BY A DOCTOR (can be electronic)
- Camp session payment

—> —> **PLEASE COMPLETE AND SIGN THE REVERSE SIDE** —> —>

Family Guidance, Inc. and Promise Camp ("FGI/PC")

PERMISSION SLIP, RELEASE AGREEMENT, AND AUTHORIZATION



I am the parent or legal guardian of _____ ("my child"). I understand and agree to the following:

1. I understand and agree that FGI/PC can refuse to enroll my child, or send my child home early, if FGI/PC staff feel my child has medical, social, behavioral or psychological needs beyond FGI/PC's capabilities or ability to provide proper care for my child. These include, but are not limited to, insulin dependent diabetes, autism, inability to self-provide personal care, lack of up-to-date immunizations, etc.
2. I understand and agree there are no refunds for dismissals or withdrawals during program sessions and FGI/PC are not responsible for any costs that my child or others incur because my child is dismissed or sent home early.
3. I give permission for my child to participate in all camp activities, including the following: hiking, rock-wall climbing, adventure games, challenge course, ropes course, club program, canoeing and any other activities planned for the camp session. I also give permission for FGI/PC to transport my child in vehicles for program approved activities.
4. I understand that participation in camp activities, including transportation to and from activities, involves the risk of personal injury, including death, despite every effort to make the programs and activities safe. I also understand that my child's participation in these programs and activities is entirely voluntary.
5. I understand that FGI/PC is located 30 minutes from a local hospital. In case of a medical emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, I authorize FGI/PC to call an ambulance and/or secure proper medical treatment for my child. I also understand and agree that I am responsible for my child's medical expenses. I give permission for FGI/PC to provide routine healthcare, dispense medications, and seek emergency treatment as necessary.
6. I give permission for FGI/PC camp to take pictures or video of my child during programs and activities for use in FGI/PC promotional materials.
7. I understand and agree that FGI/PC are not responsible for lost, stolen and/or broken items while attending FGI/PC programs or activities.
8. I understand that snacks, other food items, and electronic items are not permitted at camp and will be confiscated at the bus stop or upon the camper arrival at camp and returned to the camper upon their departure for home.
9. **With appreciation of the dangers and risks associated with FGI/PC programs and activities, including transportation to and from activities, on my own behalf and on behalf of my child, I hereby fully and completely release and waive any and all claims, demands or lawsuits for personal injury, death, or loss that may arise against FGI/PC, its volunteers, employees, representatives, agents, related parties, or other organizations associated with any FGI/PC program or activity. I further agree to release, defend, indemnify and hold harmless FGI/PC, its volunteers, employees, representatives, agents, predecessors, successors and assigns from any claims, demands, liabilities or lawsuits by others that arise out of my child's participation in FGI/PC programs or activities.**

Signature of Parent or Legal Guardian

Date

**Promise Camp by Family Guidance
227 Lance Rd.
Clinton PA 15026**