



2010 Summer Camp Application St. Dorothy's Episcopal Camp

Office Use Only:

CAMPER INFORMATION

Last Name: _____ First Name: _____

Address: _____ City _____ State ____ Zip _____

Birthdate: ___/___/___ Age at Camp: _____ Grade Completed by 6/15/10 _____

Cabin Assignments are determined by age and birthdate. Cabin assignments cannot be modified at registration.

Parent/Guardian: _____ Phone (Day) _____ (Eve) _____ (Cell) _____

Religious Affiliation: _____ Parish: _____

How did you hear about St. Dorothy's? _____

2010 SUMMER CAMP SESSIONS

Ankle Biters Camp (ABC) Camp for one parent/one child Ages 5-7. June 18-20th \$ _____

*Please complete one form for child and one form for parents

FULL \$300	SUBSIDIZED \$270/pair	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Russian River Adventures I: (RRI) Ages 8-12 June 27-July 3rd \$ _____

FULL \$600	SUBSIDIZED \$475	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Mini Camp: (MINI) Ages 6-8 July 1-3rd \$ _____

FULL \$300	SUBSIDIZED \$270	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Russian River Adventures II: (RRII) Ages 8-12* New 6-day camp July 5-July 10th \$ _____

FULL \$545	SUBSIDIZED \$420	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Hang Out & Work N' Stuff (HOW) Ages 13-15 July 11-17th \$ _____

FULL \$650	SUBSIDIZED \$525	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Explorations Backpacking (EXP) Ages 13-15 August 2-8th \$ _____

FULL \$650	SUBSIDIZED \$525	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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Russian River Adventures III: (RRIII) Ages 8-12 August 9-15th \$ _____

FULL \$600	SUBSIDIZED \$475	CAMPERSHIP Minimum \$100 deposit * Financial Assistance Application Required
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DISCOUNTS:

Early Bird Discount of \$40 for TUITION paid in FULL by MARCH 31st. _____ DISCOUNT \$ _____

DONATIONS: Would you like to give the gift of camp? Yes ___ No ___ DONATION \$ _____

Enclosed is a donation of \$ _____ as a designated gift to the St. Dorothy's Campership Fund. All donations are tax deductible.

TOTAL: \$ _____

CAMPER PAYMENT INFORMATION A \$100 non-refundable deposit must be mailed or made via PayPal at www.stdorothysrest.org to reserve a space for your camper, along with a completed registration form. PayPal payments incur a \$20 additional charge. Payment is due in full by June 15th. Payments are not accepted on registration day. Tuition is nonrefundable for cancellations made **15 days** prior to camp session.

EMERGENCY CONTACT INFORMATION: In an emergency, parents will be contacted first unless otherwise noted.

Other Contact: _____ Phone (Day) _____ (Eve) _____ (Cell) _____

Relationship to the Camper: _____.

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Relationship to the Camper: _____.

HEALTH INFORMATION: Camper's Physician/Health Provider: _____ Phone _____

Insurance Company: _____ Policy #: _____

Please include a copy of the front & back of your insurance card with registration form.

Date of last physical exam: ___/___/___ Date of most recent DPT/Tetanus Vaccine: ___/___/___

Are immunizations current? Y or N If No, which are not:

Medications Presently Using

Dosage and When Taken

What is Being Treated

NOTE: All prescription and over-the-counter medications brought to camp will be checked in with the Camp Nurse during registration. ALL MEDICATIONS ARE REQUIRED TO BE IN ORIGINAL CONTAINER WITH CURRENT PRESCRIPTION LABEL ATTACHED. If camper is taking the medication against the methods prescribed on label, a signed note from the camper's physician or legal guardian will be required.

Does the Camper have any allergies? (Bee stings, food, medications, etc.): _____

Does Camper have a special diet? (vegetarian, lactose intolerant, etc): _____

History (Check and describe all that apply to your camper)

Frequent Ear Infections _____ Diabetes _____ Asthma _____ Heart Problems _____

Emotional Disorders _____ Behavioral Problems _____ Seizures _____

Fainting Spells _____ Bed Wetting _____ OTHER: _____

For Girls: Has the camper menstruated? _____ If not, has she been told about it? _____ Is menstrual history normal? _____

PLEASE PROVIDE INFORMATION FOR ANY CHECKED BOXES:

PARENTAL STATEMENTS, PERMISSIONS & SIGNATURE:

Authorization for Treatment: I hereby give permission to the medical personnel selected by St. Dorothy's to order X-rays, routine tests, treatment, to release my records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by St. Dorothy's to secure and administer treatment, including hospitalization for the person named above.

I will instruct my child to take responsibility for going to Get Well Head Quarters at scheduled times if special medications are involved.

I realize that individuals at camp can injure themselves without fault on the part of St. Dorothy's personnel.

I release St. Dorothy's from responsibility of injury to my child

I also understand that health and accident insurance protection is my responsibility for the above named.

I give permission for my child to engage in all prescribed camp activities, except as noted. I will make sure my child understands and agrees to abide by the camper rules and restrictions noted on camp activities.

I give permission on behalf of my child for the use of the following for promotional purposes by St. Dorothy's; pictures, videos taken while at camp, quotations from evaluations and or letters relating to their camp experience.

By Signing below, I agree to all statements above, I also agree that the information I present in this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ___/___/___

Print Name _____