



# Teen Camp Reunion

# 2010

## REGISTRATION FORM

Camper Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ In \_\_\_\_ grade.

Name of Parent or Guardian \_\_\_\_\_

Email Address (parent): \_\_\_\_\_

Email Address (camper) \_\_\_\_\_

By including your son or daughter's email address here you give permission for us to contact them regarding camp plans and for periodic electronic and other communication. You can **opt out** of this by checking here:

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Camper Lives with:

Both parents  Mother  Father  Guardian(s)  Other \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 1's Work Phone (\_\_\_\_) \_\_\_\_\_ Parent/Guardian 1's Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2's Work Phone (\_\_\_\_) \_\_\_\_\_ Parent/Guardian 2's Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relation to camper \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_







## CAMPER CONTRACT

**The following guidelines ensure Tools For Peace Camp Reunion is a happy, safe, and healthy community for everyone. Here are the conditions under which we accept camper participation. Read them carefully. At the beginning of the Reunion campers will be asked to reaffirm their commitment to these guidelines. Violation of any of these policies may subject you to immediate dismissal from camp without a refund.**

1. The use or possession of alcohol, tobacco, marijuana, or any other controlled substances or drugs is not permitted at camp reunion or on camp reunion trips.
2. Sexual harassment or intimidation, whether verbal or physical, is inappropriate and not permitted.
3. While we encourage contact and connection in general and on many levels, we do not encourage sexual contact. While we recognize that there will be sexual attractions, we encourage campers to express themselves and share through creative activities. We invite campers to keep a modest attitude toward sexual expression.
4. Verbal or physical displays of racial, sexual, or religious discrimination are not permitted.
5. Weapons, fireworks, lighters, matches and any other incendiaries are not permitted.
6. Campers may not leave the camp property except on organized camp trips or with their parent(s) or guardians(s). To leave camp with someone else, campers must have written permission from parent(s)/guardians(s).
7. Camper cabins are private and open to residents of that cabin only. Visitors may visit a cabin other than their own only when a staff member is present and has given permission.
8. Theft at camp, or on camp trips, will not be tolerated.
9. Valuables (traveler's checks, passports etc.) must be kept in the camp office. TFP Camp will not be responsible for lost or damaged property (cameras, CD's music players, etc.) kept in cabins or other camp buildings.
10. Respect for private property must be observed while at camp.
11. Attendance at activities, meals and evening activities is mandatory, unless the director and/or nurse grant an exception for a special reason.
12. Everyone must adhere to program area rules.
13. Leaving the cabin after lights out at night is by permission of staff only.
14. ALL MEDICATION (prescription or non-prescription) must be kept in the HEALTH ROOM at all times, with the exception of asthma inhalers or anti-bee sting venom. The camp nurse is responsible for individual exceptions to this rule.
15. Each member of the camp is expected to contribute to keeping camping facilities properly cleaned and maintained by participating in camp and cabin chores. Graffiti and other forms of vandalism are not tolerated.

Camper Signature **X** \_\_\_\_\_ Date \_\_\_\_\_



## PAYMENTS

Full and partial scholarship opportunities are always available. To be considered for a scholarship, simply check "Camper Scholarship" below.

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### PAYMENT METHOD (CHECK ONE):

Camper Scholarship \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Wire Transfer \_\_\_\_\_

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### CHECK AND WIRE PAYMENTS:

Amount paid by Check or Wire Transfer: \$ \_\_\_\_\_ Date \_\_\_\_\_ CK# or Wire Conf. # \_\_\_\_\_

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### VISA AND MASTERCARD PAYMENTS:

Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Name on Card: \_\_\_\_\_ V code \* \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

*\* V code = Verification Value. This is a three digit code that can be found in the signature box on the reverse of your credit card.*

*The three digits will follow the 16 digit card number printed in the box.*

State the amount that is to be charged to your credit card \$ \_\_\_\_\_

Billing Address (if different than the home address): Address:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize Tools For Peace to charge my credit card for the amount listed above.

*All refunds are subject to a \$100 processing fee. No refund is available with less than 29 days before the first date of the program, if a participant does not show up, or leaves early.*

Authorizing Signature: **X** \_\_\_\_\_



## MEDICAL HISTORY & AUTHORIZATION

**PLEASE NOTE:** In an effort to save your time, we have enclosed in this mailing the medical history, insurance information and medication orders that we have on file for your child, from this past August. The intent of the information is to provide camp health care personnel with the background to provide appropriate care as needed for your child. **PLEASE REVIEW THE ENCLOSED MEDICAL INFORMATION, AND IF ANYTHING HAS CHANGED, PLEASE DESCRIBE IN THE SPACE BELOW. If you would like to file a completely new form, please contact us at [www.toolsforpeace@mac.com](mailto:www.toolsforpeace@mac.com) or (626) 564-0700.**

**Parent/Guardian Authorization:** This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all activities except as indicated. I hereby give permission to Tools For Peace to provide routine health care, administer prescribed medications, and seek medical treatment including ordering x-rays or routine tests. I agree to the release of any records for insurance purposes. I give permission to Tools For Peace to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Tools For Peace to secure and administer treatment, including hospitalization, for the person named. This completed medical form may be photocopied for trips out of camp or if deemed necessary.

Signature of Parent/Guardian  \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any necessary restrictions placed on my participation in camp activities.

Signature of camper:  \_\_\_\_\_ Date \_\_\_\_\_



## CONDITIONS AND TERMS OF ENROLLMENT

I understand and agree to all of Tools For Peace Camp Reunion policies terms, conditions of enrollment, including the following: Tuition does not include the cost of transportation to and from camp. Tools For Peace reserves the right to dismiss disruptive or abusive campers, campers under the influence of drugs and/or alcohol, or campers who show signs of physical or emotional difficulties that the camp does not feel capable of supervising. There will be no refunds issued for early departure related to disciplinary problems or for campers with medical or family emergencies.

I hereby authorize any physician selected by the camp director to order x-rays, routine tests, and other medical treatment needed for the health of my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injections, anesthesia, and/or surgery for my child.

Permission is granted to Tools For Peace, with no additional charge, for the use of photographs, and/or video-tapes of campers for promotional purposes or camp mailings after the camp season ends.

I give Tools For Peace permission to print our family's contact information for a camper-listing at the end of the Reunion to be given to all participants. I also give permission for my name and contact information to be given to other camper families. *Note: This information may be shared with camper's counselors and/or camp nurses and otherwise is considered confidential.*

I also give my permission for the Tools For Peace organization to contact my child regarding the camp reunion experience before and after the actual event.

Parent Signature: **X** \_\_\_\_\_ Date : \_\_\_\_\_

Please Print Name: \_\_\_\_\_



## REGISTRATION CHECKLIST

Thank you for taking the time to complete this form. Please verify that you have signed the following pages for return to Tools For Peace:

### Parent/Guardian

- page 5 (Payment Authorization)
- page 6 (Medical History Review/Authorization)
- page 7 (Conditions & Terms of Enrollment)

### Camper

- page 4 (Camper Contract)
- page 6 (Medical History Review/Authorization)

## RETURN COMPLETED FORM TO:

Tools For Peace  
75 S. Grand Avenue, Ste. 217  
Pasadena, CA 91105

FAX: (626) 564-0700

Please contact us with any questions,

PHONE: (626) 564-0700

EMAIL: [toolsforpeace@mac.com](mailto:toolsforpeace@mac.com)

Please keep a copy of this registration form for you records. If you do not receive a confirmation of receipt of registration within two weeks of sending it please contact us at the phone or email above.