



Teen Camp

2010

REGISTRATION FORM

SUN AUG 1ST – SAT AUG 7TH 2010

Camper Name _____

Male _____ Female _____ Age _____

Birth Date: ____/____/____ Entering ____ grade in the Fall of 2010

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 (____) _____



PARENT QUESTIONNAIRE

Please answer the following questions. Your response will assist us in creating a fun, safe and nurturing environment for your teen.

1. Does your camper have any special dietary needs or activity restrictions?
2. Describe any behavioral or social problems your child has had at home, at school, or at a past camp?
3. Briefly describe your teen's greatest, strongest passions, and biggest challenges?
4. In what way do you hope your teen will benefit from his/her experience at camp?
5. How did you learn about us and what attracted you to this program?
6. Please share any hopes or concerns you have regarding your child's experience at Tools for Peace Camp.
7. Additional comments about your camper's interests, special family situations, etc.



CAMPER CONTRACT

The following guidelines are designed to insure that Tools For Peace camp 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 program 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 or on camp trips.
2. Sexual harassment or intimidation, whether verbal or physical, is inappropriate and not permitted at camp.
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 at camp.
5. Weapons, fireworks, lighters, matches and any other incendiaries are not permitted at camp.
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 _____

PARENT'S AUTHORIZATION: THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING BY MYSELF. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS AND EMERGENCY TREATMENT FOR THE HEALTH OF MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND ORDER INJECTIONS AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I HEREBY RELEASE THE USE OF PHOTO/VIDEO IMAGES AND WORK PRODUCT OF THE ABOVE REGISTERED CAMPER FOR THE PURPOSE OF CAMP PROMOTION AND DISPLAY TO THE GENERAL PUBLIC. I HAVE READ THE POLICIES WRITTEN ON EACH PAGE OF THIS REGISTRATION FORM, INCLUDING THE "CAMPER CONTRACT", AND AGREE TO THEM.

Parent Signature **X** _____ Date _____



CAMP MEDICAL POLICIES & PROCEDURES

1. Medications

- If your child is taking prescription medication, please send him or her to the camp with an ample supply so that we will not need to replace or refill it.
- All medications must be turned in to the camp infirmary in the original bottle/packaging and must be dispensed by the camp medical staff at prescribed times.

2. Camp Nurse/ Health Center

- Tools for Peace Camp has a fully qualified professional nurse on site at all times.
- Tools for Peace Camp has a fully stocked infirmary. Please DO NOT send your child to camp with aspirin, ibuprofen, or any other over-the-counter medications. These will be dispensed by the nurse as prescribed by your child's licensed physician on page 15 of this form.
- If your child has medical issues that need to be discussed, please send a detailed letter addressed to the Nurse, accompanying the medical form.

2. Notification of Illness or Injury

- Infirmary Staff will contact you by phone in the event that your child:
 - becomes ill and the nurses confine the camper to the infirmary
 - becomes ill and requires a visit to the physician or requires prescription medication
 - requires first aid treatment in the event of an injury that requires hospitalization
- If you are not at home at the time of injury/illness, your designated emergency contact will be notified.

CAMPER MEDICAL HISTORY

The following information must be completed by a parent/guardian. The intent of the information is to provide camp health care personnel with the background to provide appropriate care as needed. It is important that you keep a copy of completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Please provide complete and detailed information so that the camp can be aware of your needs.

Insurance Information

Is the camper covered by family medical/hospital insurance? ____YES ____NO

Carrier or Plan Name _____ Group # _____

Carrier Address _____

Name of Insured _____

Social Security # or Insurance ID # _____

You may photocopy the insurance card and attach



Allergies. Please list all known. Describe reactions, and management of the reaction.

Medications Allergies (list)

Food Allergies (list)

Other allergies: (list) include insect stings, hay fever, animal dander, etc.

Please identify any medications taken during the school year that the camper does not/may not take during the summer:

Please identify which of the following the camper has had in the past:

Measles

Chicken Pox

German Measles

Mumps

Hepatitis A

Hepatitis B

Hepatitis C

Please attach a copy of proof of vaccinations.

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 camp activities except as indicated. I hereby give permission to the camp 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 the camp 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 the camp 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 **X** _____

Printed Name _____ Date _____

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

Signature of camper: **X** _____ Date _____



MEDICATION ORDERS FOR CAMPER

Camper's Name: _____

In order to provide appropriate medical care for this camper while at camp, we need specific instructions from the camper's physician concerning administration of "routine (over the counter)" medications and any special medications which the camper may bring to camp.

Individual medication orders: _____

Standard Over-the-Counter/PRN (as necessary) medications. The following medications are available in the health Center and will be administered at the discretion of an RN, if approval is indicated by the camper's health-care provider. Please circle yes or no in the order column.

| DRUG NAME | ROUTE | DOSAGE | SCHEDULE | ORDER | COMMENTS |
|--------------------------------|----------------------|---------------------------------------|---|-----------|----------|
| Acetaminophen | PO | Per label instructions by age/ weight | Q 4 hr prn for pain or fever > ___°F | YES NO | |
| Ibuprofen | PO | Per label instructions by age/ weight | Q 6 hr prn for pain or fever > ___°F | YES NO | |
| Robitussin cough syrup | PO (syrup) | Per label instructions by age/ weight | Q 4 hr prn for cough | YES NO | |
| Benadryl | PO (elixir or pills) | Per label instructions by age/ weight | Q 4 hr prn for allergic reaction | YES NO | |
| Children's Mylanta | PO (chewable tabs) | Per label instructions by age/ weight | BID-TID prn for stomach upset | YES NO | |
| Pseudo-ephedrine HCL | PO (liquid tabs) | Per label instructions by age/ weight | Q 4 – 6 hrs prn nasal congestion | YES NO | |
| Becitracin ointment | Topical | Per label instructions by age weight | prn abrasions, lacerations, insect bites | YES NO | |
| Calagryl/ Calagel | Topical | Per label instructions | Prn insect bites, rash, poison ivy/oak rash | YES NO | |
| Cough Drops – over the counter | Oral lozenge | Per label instructions | PRN cough | YES NO | |



Non prescription and Prescription Medications. Please complete with patient’s current regimen for both scheduled and prn medications. Use a second page if needed. This includes vitamins, inhalers, ear and eye drops. Medications must be in the original labeled bottle with directions for administration.

| DRUG | ROUTE | DOSAGE | SCHEDULE AND INDICATIONS | COMMENTS |
|------|-------|--------|--------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Camper’s Health Care Provider name: _____

Signature: **X** _____ Date: _____

Address: _____

Phone: (____) _____

Experienced naturopathic healers may be present for portions of the camp. They provide alternative methods of addressing common health problems such as rashes, bug bites and muscular aches and pains. If you would like your camper treated by a naturopath, please indicate consent below:

Yes No

Parent/Guardian Signature: **X** _____ Date: _____



PAYMENTS

The suggested contribution for the 2010 Tools For Peace Camp is \$625 per camper. Parents interested in contributing to Tools For Peace should indicate the amount of their donation below. Parents interested in full or partial scholarship should check the Camper Scholarship section.

PAYMENT METHOD:

Camper Scholarship _____ Credit Card _____ Check _____ Wire Transfer _____

SCHOLARSHIP REQUEST

1. Please tell us how you would use what you learn at camp to benefit your own life, your family, and your community.

CHECK AND WIRE PAYMENTS:

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

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.

Refunds (less a \$100 processing fee) are available through Friday, July 6, 2010 (30 days before the first day of the camp). No refund is available with less than 29 days notice, if a participant does not show up, or leaves early.

Authorizing Signature: **X** _____



CONDITIONS AND TERMS OF ENROLLMENT

I understand and agree to all of TFP Camp policies terms, conditions of enrollment, including the following: Unless applying for a scholarship, a \$250 deposit must accompany this registration form to guarantee a space for a camper. The balance of all fees is to be paid in full by the end of July 2010. The camp 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 Camp, 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 the camp permission to print our family's contact information for a listing at the end of the summer to be given to all camp 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 camping experience before and after the actual camp.

Parent Signature: **X** _____ Date : _____

Please Print Name: _____



CHECKLIST

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

Parent/Guardian

Camper

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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

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.