

Our Lady of the Rosary Camp Application Form 2013

GENERAL INFORMATION

(Please use a separate form for each child.)

Name of Child _____

Date of Birth _____

Sacraments received:

☐ Baptism ☐ Confirmation ☐ First Communion

Parent's Names:

Father _____

Mother _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Other Phone _____

Emergency Contact _____

Relation _____

Phone _____

Name of Chapel that the family attends _____

Location of the Chapel _____

Parish Priest _____

We authorize that our daughter, _____, be disciplined if need arise at the discretion of the Sister in charge. Such discipline may include assignment of extra chores, exclusion from activities, separation from other campers, or expulsion from camp. These forms of discipline will be used with discretion in order to help the girls benefit as much as possible from the camp.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

LIABILITY RELEASE FORM

NOTICE TO PARENTS

The following "Release of Liability Agreement" was created specifically for the Sisters of the Society Saint Pius X camps, and its use has been mandated by our legal counsel. Unfortunately, in this day and age, we live in a litigious world, and the Sisters of the Society Saint Pius X, Inc. could be sued for any type of accident which could occur at a camp, no matter how unlikely or remote. The following agreement is therefore necessary to protect the Sisters of the Society Saint Pius X. By signing this agreement you, as parents, assume the risk of any accident which could befall your child at the camp referenced below. Parents who do not wish to assume this risk, should not sign this agreement and should not send their child to camp. Of course, please be assured that the camp staff will do their best to act prudently and take the necessary precautions to ensure the safety of your child.

RELEASE OF LIABILITY AGREEMENT

We, _____ and _____

Father Mother

parents of _____

Child's Name

fully recognize, acknowledge and consent to the inherent risks of personal injury in camps, including, but not limited to those risks which are relatively minor (e.g. cuts, bruises, sunburns, blisters, minor falls, broken bones, insect bites, muscle strains and sprains, contracting poison ivy or poison oak, etc.), and also including those risks of accidents and injuries which are extremely unlikely to occur, but which can be severe or fatal (including, but not limited to drowning, major falls, being involved in a brawl or fight; suffering asphyxiation, an allergic reaction, poisoning, or snake-bite; suffering any emotional distress, fright, trauma, shock, depression, anxiety or any other emotional or psychological disorder; suffering injuries from an automobile accident or other type of motor vehicle or boating accident; being injured from accidental gun-fire or arrow or other weapon or other sharp or dangerous object; suffering burns from fire or chemicals; being victim to lightning strike, avalanche, animal attack, or human violence, mischief, or negligence; or suffering injuries from an earthquake, tornado, hurricane, severe weather or other unforeseen or unlikely event.

We agree to assume the full risk of any loss including personal injury, death, property damage, or economic loss which we or our child may sustain as a result of our child participating in any of the events or activities connected with the summer camp, referenced below. Furthermore, we hereby release, discharge and hold harmless the Sisters of the Society Saint Pius X, Inc., and any and every of its subsidiaries or affiliates, and any and every of the priests, sisters, counselors, agents, employees, officers, or directors or other staff or personnel (including volunteers) of these entities from any liability or claim of liability, including negligence, or failure to supervise, arising from or relating to events, travel or activities which take place in connection with the summer camp at Veneta, Oregon, July 15th to 23rd, 2013.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

TRANSPORTATION RELEASE

We, _____ and _____

Father Mother

parents of _____

Child's Name

do hereby grant full permission to the Director of the summer camp or his/her delegate to transport the following children to and from any of the functions pertaining to the summer camp to be held at Veneta, Oregon from July 15th to 23rd, 2013.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

MEDICAL EMERGENCY RELEASE DOCUMENT

I, the undersigned, do hereby give my full permission and authorization to the summer camp Director or his/her delegate to treat my child for any minor medical needs and/or to bring my child to the hospital for treatment, for the duration of the summer camp at Veneta, Oregon from July 15 - 23, 2013 I hereby give permission to the physician selected by the Director or his/her delegate to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named below.

Name of Child _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

MEDICAL HISTORY

(To be completed by the parents)

Has your child:

- | | | |
|---|-----|----|
| 1. Ever been hospitalized? | Yes | No |
| 2. Ever had surgery? | Yes | No |
| 3. Ever had seizures? | Yes | No |
| 4. Ever had a heart murmur? | Yes | No |
| 5. Ever had high blood pressure? | Yes | No |
| 6. Been restricted from sports because of heart problems? | Yes | No |
| 7. Ever had a concussion or a head injury? | Yes | No |
| 8. Been knocked out or had memory loss? | Yes | No |
| 9. Had a viral infection in the last month? | Yes | No |
| 10. Ever had the chicken pox? | Yes | No |
| 11. Ever had the measles? | Yes | No |
| 12. Does your child have asthma? | Yes | No |

During or after exercise, does your child ever:

- | | | |
|--|-----|----|
| 13. Have excessive fatigue? | Yes | No |
| 14. Have a rash or hives develop? | Yes | No |
| 15. Faint or feel dizzy? | Yes | No |
| 16. Have chest pain? | Yes | No |
| 17. Have shortness of breath? | Yes | No |
| 18. Have a racing heart or skipped heartbeats? | Yes | No |
| 19. Tire more easily than friends? | Yes | No |
| 20. Become ill from exercising in the heat? | Yes | No |
| 21. Wheeze, cough, or have trouble breathing? | Yes | No |

Does your child have any health conditions which might affect her (including any allergy to foods, plants, or anything else)? Yes No

If yes, please specify: _____

Does your child have any special medicines or foods she must take? If yes, please specify: _____

CAMP PHYSICAL

(To be filled in by a physician)

Doctor _____

Clinic Address _____

Clinic Phone Number _____

Gen. App.: _____

Bp: _____ / _____ Hr _____ Ht _____ Wt _____

Heent: Nrl/Abnrl _____

Lungs: Nrl/Abnrl _____

Heart: Nrl/Abnrl _____

Abd: Nrl/Abnrl _____

Back: Nrl/Abnrl _____

Ext: Nrl/Abnrl _____

Neuro: Nrl/Abnrl _____

Notes: _____

Doctor's Signature _____ Date _____

SPECIAL INFORMATION

Parents may wish to make known to the Sister in charge the state of their child, qualities, defects, or anything that may be helpful to assure that the child follows the camp to her spiritual benefit. Please write this out briefly on a separate sheet of paper and mark "confidential".

IMMUNIZATION DATES

DTP/td _____

Polio _____

Hib _____

MMR _____

HepB _____

Doctor's Signature _____ Date _____

IMPORTANT: If your child is not vaccinated and/or her vaccinations are not up to date, then you must have a signed informed refusal of immunization from your primary physician. Failure to do so will result in the rejection of your child's application for camp.

INFORMED REFUSAL OF IMMUNIZATIONS

I, _____, hereby declare that as a parent having responsibility for _____,

I withhold my consent, and request that the said minor be exempt from any and all vaccinations on the grounds that such is contrary to my beliefs.

Parent's Signature _____ Date _____

This informed refusal of immunization must be signed by the child's primary physician. No exceptions!

Doctor's Signature _____ Date _____

HEALTH INSURANCE INFORMATION CAMPER MUST BE COVERED BY HEALTH INSURANCE

Insurance Company Name _____

Policy Number _____ I.D. Number _____

Verification of Benefits Phone Number _____