

Spring Camp 2016

March 28 - April 1

Camp Fire • Office 562.421.2725 • Fax 562.421.4056
7070 E. Carson St., Long Beach, CA 90808



OFFICE USE ONLY

DATE REC'D _____ TIME _____ Staff Initials _____
CASH _____ CHECK _____ CHARGE _____
RECEIPT # _____
AMT \$ _____
T-SHIRT (ADV. ONLY) _____

CAMPER INFORMATION

Camper Name _____ Birth Date ____/____/____ Boy ____ Girl ____
Last Name First Middle (mo/day/yr)
Address _____ Age at camp _____ Current Grade _____ Current School _____
City _____ State _____ Zip _____ Camp Fire Club Member? Yes ____ No ____
Camper may request **one** "buddy" of the same age and signed up for the same program option _____

PARENT/GUARDIAN INFORMATION

Parent 1 _____	Parent 2 _____
Address _____ <small>(If different from camper or other parent)</small>	Address _____ <small>(If different from camper or other parent)</small>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Contacts:	Phone Contacts:
Home (____) _____ Cell (____) _____	Home (____) _____ Cell (____) _____
Work (____) _____ Employer _____	Work (____) _____ Employer _____
Email address _____	Email address _____

EMERGENCY CONTACTS • Parents will always be the first contact made in case of an emergency.
The following individuals are authorized to act on behalf of parent/s, if parent/s cannot be reached:

Name _____	Phone (____) _____	Relationship _____
Name _____	Phone (____) _____	Relationship _____

AUTHORIZED PICK-UPS • The following individuals are authorized to pick-up your camper.
They will be required to show identification.

Name _____	Phone (____) _____	Relationship _____
Name _____	Phone (____) _____	Relationship _____

DEMOGRAPHICS • Optional; Camp Fire is asked to provide summarized data to community funders.

Household: Two Parents ____ Single Parent ____ Guardian ____ Foster Parents ____ Camper Ethnicity _____
Annual Household Income: Under \$15,000 ____ \$15,001-\$40,000 ____ \$40,001-\$65,000 ____ Over \$65,000 ____

HOW DID YOU HEAR ABOUT US?

ADDITIONAL FORMS AVAILABLE AT www.campfirelb.org

Over — Both sides of form must be completed.

Camp Fire Health History Form and Release

Registrations will NOT be processed if form is incomplete. Dates MUST be given or a copy of the camper's immunization record must be attached to this form at time of registration for registration to be complete.

Is the participant covered by family medical/hospital insurance? Yes _____ No _____

Group Number _____ Physician _____ Phone _____ Policy holder's name _____

<u>Vaccine</u>	<u>Dates: Mo/Yr</u>
DTaP (Diphtheria, tetanus, pertussis)	_____
Tetanus Booster	_____
MMR (Mumps, Measles, rubella)	_____
Polio	_____
Influenza B	_____
Hepatitis B	_____

Which of the following has the participant had?

TB test Yes _____ No _____ Date: _____

TB results: Negative _____ Positive _____

Chicken Pox Yes _____ No _____ Date: _____

Has/does the participant:

- | | |
|--|--------------------|
| 1. Have a chronic or recurring illness/condition? | _____ Yes _____ No |
| 2. Had a recent infectious disease? | _____ Yes _____ No |
| 3. Had a recent injury? | _____ Yes _____ No |
| 4. Have asthma/wheezing/shortness of breath? | _____ Yes _____ No |
| 5. Passed out/had chest pain during or after exercise? | _____ Yes _____ No |
| 6. Had seizures? | _____ Yes _____ No |
| 7. Had fainting or dizziness ? | _____ Yes _____ No |
| 8. Have frequent headaches? | _____ Yes _____ No |
| 9. Have problems with diarrhea/constipation? | _____ Yes _____ No |
| 10. Have a history of bedwetting? | _____ Yes _____ No |
| 11. Have problems falling asleep/sleepwalking? | _____ Yes _____ No |
| 12. Wear glasses, contacts or protective eye wear? | _____ Yes _____ No |
| 13. Had back or joint problems? | _____ Yes _____ No |
| 14. Have any skin problems? | _____ Yes _____ No |
| 15. Have diabetes? | _____ Yes _____ No |
| 16. Have ADD/ADHD? | _____ Yes _____ No |
| 17. Had "Mono" in the past 12 months? | _____ Yes _____ No |
| 18. If female, have problems with menstruation? | _____ Yes _____ No |
| 19. Ever been treated for emotional or behavioral difficulties or an eating disorder? | _____ Yes _____ No |
| 20. During the past 12 months seen a professional to address mental/emotional health concerns? | _____ Yes _____ No |
| 21. Had a significant life event that continues to affect the camper's life? | _____ Yes _____ No |

Explain any "yes" answers. _____

List any known physical, mental, or social difficulties that may affect participation and/or for which special consideration should be given: _____

If a participant has been under the care of a physician in the past 12 months or had any activity restrictions, attach a statement from physician. _____

Allergies:

Food _____

Medications _____

Animals _____

The environment (insects, plants,, stings, hay fever, etc. _____

Other _____

Please describe what the camper is allergic to and the reaction seen: _____

List any medications* in use: _____

***All medication must be turned in to the Camp Director on the first day of each session. All medicine must be in the original container and labeled with the camper's name, dosage and directions.**

PARENTS READ AND SIGN

Please initial that you agree with all items:

- _____ My/our child (or ward) has permission to participate in the camp activities and trips during the session(s) for which s/he is enrolled. I/we understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants, and authorize the camp to provide appropriate routine and emergency care of my/our child and any dispensing of medications and/or transportation necessary for that care.
- _____ I/we understand that I/we will be notified in case of any emergency, unusual illness or injury affecting my/our child. In the event I/we cannot be reached, I/we hereby authorize the alternate contact people to act on my/our behalf and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I/we accept responsibility for the cost of such medical treatments.
- _____ I/we will assure that my/our child is properly prepared for all activities including having proper clothes, being in good health and willing and able to participate, being willing and able to abide by camp policies and the camp conduct code, and willing and able to follow the directions of camp personnel.
- _____ I/we will ensure that my/our child does not bring valuables, electronic items, weapons, alcohol or illegal drugs to camp. I/we will monitor my/our child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the internet.
- _____ I/we have read and understand the registration procedures, refund policies, and other details contained in the camp brochure and website regarding the session my/our child is attending. I/we understand the deposit is non-refundable and non-transferable and that I/we will pay the balance of program fees by the required date.
- _____ Optional: I hereby give permission to the designated camp personnel to provide routine health care and administer such over the counter medications as: pain relievers, anti-inflammatories, insect repellants, sunscreen, antacids, antihistamines, anti-itch lotions and/or ointments, moisturizers, throat lozenges, saline eye solution.
- _____ Optional: In the event my/our child is photographed, filmed or recorded while at camp, Camp Fire Long Beach may use the photo, film or recording for publicity, promotional or instructional purposes.

I/we have read this release and waiver of all liability and understand that I/we will give up substantial rights by signing it, and that I/we sign this form completely voluntarily.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

2016 Spring Camp Registration Payment Worksheet

OFFICE USE ONLY

This form must be attached to Spring Camp Registration Form. Do not accept payment without form.

STEP 1: Session Choice. Choose Session Type below.

(Regular Camp Hours 8:30-3:30)

Session Type				
<input type="radio"/>	Traditional Camp Full Week Session (5 days) (On-site all week)	\$160	X _____	=\$ _____
<input type="radio"/>	Traditional Camp Half Week Session (3 days) (On-site all week)	\$140	X _____	=\$ _____
<input type="radio"/>	Adventure Camp Full Week Session (5 days) (Field Trip Tues & Thurs)	\$175	X _____	=\$ _____
<input type="radio"/>	Adventure Camp Half Week Session (3 days) (Field Trip Tues & Thurs)	\$160	X _____	=\$ _____

STEP 2: Camper Registration Fee

Program Fee				
<input type="radio"/>	Camper Registration Fee	\$20	X _____	=\$ _____

STEP 3: Optional Add-on.

Add-on				
<input type="radio"/>	Extended Camp Hours AM: 7 a.m.-8:30 a.m., PM: 3:30 p.m.-6:00 p.m.	\$30	X _____	=\$ _____
Total for Step 1, 2, and 3				=\$ _____

Payment Section

All fees are non-refundable and non-transferable.
There is a fee of \$25 on all returned checks.

Circle form of payment:

CHECK CASH VISA MASTERCARD DISCOVER

(Checks payable to Camp Fire)

CREDIT CARD # _____

EXP. DATE _____

Print Name as it appears on card _____

Cardholder Signature _____