

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 _____ Address _____
(If different from camper or other parent) (If different from camper or other parent)

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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 _____

Vaccine	Dates: Mo/Yr
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 _____

STEP 1: Session Choice. Choose Session Type below.

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

Session Type				
o	Traditional Camp Full Week Session (5 days) (On-site all week)	\$160	X _____	=\$ _____
o	Traditional Camp Half Week Session (3 days) (On-site all week)	\$140	X _____	=\$ _____
o	Adventure Camp Full Week Session (5 days) (Field Trip Tues & Thurs)	\$175	X _____	=\$ _____
o	Adventure Camp Half Week Session (3 days) (Field Trip Tues & Thurs)	\$160	X _____	=\$ _____

STEP 2: Camper Registration Fee

Program Fee				
o	Camper Registration Fee	\$20	X _____	=\$ _____

STEP 3: Optional Add-on.

Add-on				
o	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 _____