

CAMP OASIS Summer 2012 Registration Form

This form must be turned in with initial deposit for camper to be registered.

Camper's Name:		Email Address:	
Parent's Name:			
Camper's Street Address		Home Phone Number	
Gender	Birth Date	Age	Grade entering, Fall 2012
Camper's T-shirt size (please circle): Child S (6-8) M (10-12) L (14-16) Adult S M L XL			

I am registering my child for the following Camp Oasis programs:

<p>Session I: June 25 - July 13, 2012 _____ (\$ 645*) *If camper lives on CA-assessed property, cost is \$585</p>	<p>Session II: July 16- August 3, 2012 _____ (\$645*) *If camper lives on CA-assessed property, cost is \$585</p>																																
<p>Session I Overnight: July 6, 2012 _____ (\$30) (camper must be at least 8 years old; sign-up not taken until overnight is paid for) For Overnight Participants only (Permission Form) I hereby give permission for my child to participate in all activities involved in the Overnight Camp on July 6, 2012. I have read and understand the Camp Policies and Rules and agree to abide by all rules and regulations.</p> <p>_____ Signature of Parent/Guardian</p>	<p>Session II Overnight: July 27, 2012 _____ (\$30) (camper must be at least 8 years old; sign-up not taken until overnight is paid for) For Overnight Participants only (Permission Form) I hereby give permission for my child to participate in all activities involved in the Overnight Camp on July 27, 2012. I have read and understand the Camp Policies and Rules and agree to abide by all rules and regulations.</p> <p>_____ Signature of Parent/Guardian</p>																																
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Total camp Tuition Due: _____ - Deposit Amount (\$ _____) = _____ Balance Due by June 1, 2012

Please sign below: By signing here, I indicate that I understand that my \$150 deposit per session is non-refundable. All remaining tuition is due by June 1, 2012. No camp fees will be refunded after April 1, 2012 - no exceptions. There will be a \$10 administrative fee for any change made to the original registration. I also give my permission for camp pictures in which my child appears to be used in any Camp Oasis promotional materials. The signature(s) below indicates my/our understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration package: Parents Handbook & Camp Policy Guide, Emergency Contact Form, Registration Form & Medical Authorization Form) and agree to pay all fees and related charges as they become due. I hereby agree with the Long Reach Community Association (the Association) that by affixing my/our signature below on this date in connection with my child's participation in Camp Oasis, I understand and acknowledge the nature and intent of the activities (including swimming) that will be involved in the Camp and assume the risk inherent in such activities on behalf of myself/ourselves and on behalf of our child/children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgements against the Association, its directors, officers, its employees, subcontractors and agents and hereby release, excuse and discharge the Association, its directors, officers, its employees, and subcontractors and agents from all claims, expenses (including attorney's fees), and judgements which may arise out of my child's/children's participation in the Camp and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, its employees, subcontractors and agents harmless from any and all claims, liabilities, expenses (including attorney's fees), and judgements which may arise out of my child's/children's participation in this Camp.

Failure to sign this form will result in return of your registration.

(Parent/Guardian signature)

Date

Please fill out this sheet COMPLETELY and return to Stonehouse by June 1, 2012.

CAMP OASIS - Emergency Contact Information

Camper's Name (Last, First):		
Please furnish the names of two additional people, besides yourself, who can pick up your child from camp in the event of an emergency. <i>By signing this form, you indicate that these people are aware that their names are being furnished, and that they are authorized to pick up your child from camp.</i>		
Parent/Guardian Contact Information*	Name: Daytime Phone: Home Phone: Cell Phone: Email Address: Relationship to camper:	Name: Daytime Phone: Home Phone: Cell Phone: Email Address: Relationship to Camper:
Emergency Contact #1 (other than Parent/Guardian)	Emergency Contact #2 (other than Parent/Guardian)	Out of Area Contact (other than Parent/Guardian)
Name	Name	Name
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone
Relationship to Child	Relationship to Child	Relationship to Child
Family Physician's Name:		Phone Number:

*Please note unless a court order is on file with the camp office, non-custodial parents will be authorized to pick up child on a daily basis and may be notified in case of an emergency, should we be unable to reach the custodial parent.

CAMP OASIS - Health Inventory

1. Is camper currently enrolled in a Maryland school, public or private? _____ Yes _____ No
1a. Name of school child attends: _____
2. If (1.) is no, furnish a record of immunizations for diphtheria., tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), and mumps.
3. If (1.) is no, is camper exempt from immunization on medical or religious grounds? _____ Yes _____ No
4. If (3.) is yes, provide signed copy of Maryland Department of Health & Mental Hygiene Immunization Certificate.
5. Date of camper's last tetanus (or DTP) shot: _____ (required by State of Maryland)
6. Are there any special needs, medical conditions, or behavioral conditions that we need to be aware of to ensure that your child's experience at Camp Oasis is positive? Please check all that apply and explain below. _____ Good general health _____ Allergy, food or other _____ Asthma _____ Diabetes _____ Behavioral issue _____ Mental health condition _____ Other chronic health condition _____ Prescription medication* _____ Other medication* Explain: _____ _____ _____
* If camper will be taking any type of medication at camp, or a medication at home that camp staff should be aware of, parent/guardian MUST complete the <i>Medication Authorization Form</i> and have it signed by a physician. Forms are available at www.camposis.org .
7. I would like to discuss my child's health with : <input type="checkbox"/> Camp Director <input type="checkbox"/> Camp Doctor <input type="checkbox"/> Neither

PARENT/GUARDIAN STATEMENT: (Please read and sign below)

I hereby authorize and request the Director of Camp Oasis to secure necessary emergency care and treatment for my child should the need arise. My child is physically able to participate in all activities, including active games. If he/she appears ill, I will keep him/her at home. I have read all the camp information and agree to cooperate with all rules and regulations. My child has been seen by a physician in the last year, and I authorize my child's school to release his/her medical records to Camp Oasis, if necessary.

(Parent/Guardian Signature) _____