

Camper's School: _____ Grade in Fall: _____

All information about ethnicity is confidential and strictly used for statistical evaluation of the diversity of individuals served by our programs. Aside from being beneficial for our personal evaluation of the effectiveness of our community outreach, many foundations and governmental programs require us to demonstrate the diversity of our clientele.

Ethnicity (optional)

Latino/a Caucasian African American Asian American Native American Other: _____

Are parents living together? Yes No

Is your child living: With parents With other relatives In a Foster Home or other residential program

Please list camper's siblings (include ages): _____

How well does your child get along well with his/her siblings? Please explain: _____

Are camper's siblings attending CJH during the same session? Yes No

Are there any special family circumstances of which we should be aware? _____

Has your child been to a resident camp before? Yes No If yes, where and for what length of time? _____

What is the longest your child has ever been away from home and his or her parents? Please explain special circumstances, if any: _____

How does your child feel about attending CJH? _____

Does he/she have any specific misgivings, fears, hopes, etc. about attending CJH? _____

What do you especially hope your camper will get out of CJH (i.e. what can the cabin leader do that will be helpful for your child)? _____

Does your child know how to swim? Yes No

Do you foresee any problems for your child going on an overnight backpacking trip? Yes No If yes, please explain: _____

Would you say your child is (check one): Passive Quiet Medium Energy Energetic Hyperactive

How does your child gets along with others: With difficulty Hesitantly Pretty Easily Easily Extremely Easily

Does your child usually play with children that are: Younger Older Same age

What kinds of behavior do you most often discipline your child for? _____

What kinds of discipline have you found most effective for him/her? _____

What suggestions do you have aside from calling home to help your child overcome home sickness? _____

What other information can you provide to help us make your child's summer camp experience the best ever? _____

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Health History Form

Prescription Medications* I authorize medications to be administered as needed:

Mail to: Camp Jack Hazard, PO Box 3290, Modesto, CA 95353, or download and email to
campjackhazardadventures@gmail.com

Child's Name: _____ M F Age (during camp) _____ Birth Date: _____
 Address: _____ Apt # _____ City: _____ State: _____ Zip: _____
 Parent/Guardian 1: _____ Parent/Guardian 2: _____
 Primary Phone #: (____)____-____ Home/Cell Primary Phone #: (____)____-____ Home/Cell
 Work Phone #: (____)____-____ Work Phone #: (____)____-____
 Employed by: _____ Employed by: _____
 Occupation: _____ Occupation: _____

Emergency Contact Information

Name: _____ Phone: (____)____-____ H/C/W Relationship: _____
 Name: _____ Phone: (____)____-____ H/C/W Relationship: _____
 Name: _____ Phone: (____)____-____ H/C/W Relationship: _____

Insurance and Physician Information

Please include a copy of your insurance card, if applicable

Health Insurance Co : _____
 Policy Number: _____
 Family Physician: _____
 Phone: (____)____-____
 Family Dentist: _____
 Phone: (____)____-____

Vaccines approx. date immunized (DATE OF TETANUS REQUIRED)

DPT: _____ Measles: _____
 Tetanus (TDAP/ Td): _____ Mumps: _____
(REQUIRED)
 Hepatitis B: _____ Rubella: _____
 Polio: _____ Influenza: _____

Medical Information Past or Present Please Check

ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Induced Dizziness <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Ear Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No
Bed-Wetting <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Problems (itching, rash) <input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under Dr. Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease/Defect <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea/Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	For each Yes, please explain: _____
Eating Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies & Special Needs Please Check

Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No	Have Epinephrine (Epi Pen)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
Foods <input type="checkbox"/> Yes <input type="checkbox"/> No	Other insects or animals <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all known allergies, reactions and how to manage:

Dietary Restrictions: Yes No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games?: Yes No

If yes, please explain: _____

Non-Prescription Medications - I authorize the following medications to be administered as needed:

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin <input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drop <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Oxygen <input type="checkbox"/> Yes <input type="checkbox"/> No

Camper's Name: Last

First

Session

- This camper does **NOT** take any medications on a routine basis.
- This camper **DOES** take medications. I have listed all medications, including over-the-counter drugs and vitamins, which will be taken while at camp.

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

Medication Name: _____ Purpose: _____

Dosage: _____ Specific Times Administered: a.m. lunch p.m. before bed _____

*All medications must be checked-in on the first day, in their original packaging. Prescription medications must also:

- Have the correct patient name, medication, dosage prescribing physician and instructions printed on the container
- Be supplied in sufficient quantity to last the entire camp session
- Prescription medications will only be administered per directions printed on the container

Additional Information

Is there any additional information about this camper’s physical, mental or emotional well-being about which our staff should know? If yes, please explain:

Health Care Understanding

This history and description of care to be given at camp are complete and accurate to the best of my knowledge. I agree to provide the camp staff with immediate updates should any of this information need to be changed prior to the beginning of the camp session. I agree to allow disclosure to camp staff and medical professionals.

I hereby give Camp Jack Hazard and its designee’s permission to administer medications per the schedule listed above and provide routine health care for my child. I also give permission for the camp to seek and give consent for health care or emergency treatment at their discretion, including, but not limited to, x-rays, routine tests and treatment, hospitalization and/or emergency transportation. I understand that I, or my insurance company, will be responsible for paying all health-care costs. I also understand that it is my responsibility to provide the camper’s insurance card to camp staff; if I do not, the insurer may not be included on any health care bills.

I hereby give permission for the physician selected by the camp to secure and administer treatment for this camper including hospitalization, in the event that I cannot be reached in an emergency. I further give permission for potentially life-saving care to be provided immediately, without any delays to seek my permission, provided that camp staff attempts to notify me at the first available opportunity.

If this camper is a minor, I wish Camp Jack Hazard and its designees to be treated as acting *in loco parentis*. Camp representatives should be considered “personal representatives” and privy to protected health information under the Health Insurance Portability and Accountability act of 1996. I hereby agree that camp representatives should be provided disclosure of protected information for this camper to provide relevant information on the camper’s ability to participate in camp activities and keep emergency contacts informed on the camper’s health status. I hereby agree that health information may also be disclosed to the emergency contact listed above.

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____



Reminder! Did you remember to include a photocopy of the camper’s health insurance card?

Parental Consent Form

Transportation Release

I hereby give consent for Camp Jack Hazard and its designees to provide transportation for my child to and from camp or any camp-related activity.

Parent/Guardian Signature: _____ Date: _____

Photograph Release (optional)

I hereby grant permission for any photograph or filming that is taken during his/her participation in Camp Jack Hazard activities to be used for purposes that include publicity. This publicity may be in several mediums, including session photos, brochures, and the internet. Further, I give permission for these photographs to be used without any compensation to my child, myself, or any parties acting on our behalf.

Parent/Guardian Signature: _____ Date: _____

Release of Custody

To ensure the safety of our campers, Camp Jack Hazard will only release custody of each camper to adults who we can verify are authorized to take custody of that child. In order to do this, we require parents to bring a photo identification to pick up their children. You will need to sign out your child as well as any medications that were checked in at the beginning of the session.

I, _____ (printed parent/guardian name), give permission for my child to be released from camp to the following adults: (please include yourself, your emergency contact from the health form and at least one other person):

Name as it appears on Driver's License	Relationship to Camper	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camper Name: _____ Session: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability for Camp Activities

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Camp Jack Hazard programs include rock climbing, rappelling, high ropes challenge course, low elements activities and overnight backpacking trips. The activities at CJH are sometimes strenuous and psychologically demanding and require participants to be in good physical condition. CJH staff members take all reasonable precautions to reduce these risks and provide safe, healthy and enjoyable experiences. Despite these efforts the risks associated with camp activities cannot be completely eliminated. Camp activities and the associated risks include, but are not limited to:

- General camp participation:
 - Environmental hazards, such as fallen trees, lightning, insects or bodies of water.
 - Physical exertion that could exacerbate medical conditions
- Rock Climbing, rappelling and challenge course:
 - Potential falls of up to 50' through slipping, running, jumping, or the actions of others.
 - Debris falling from heights of up to 50'.
 - Failure of safety equipment.
 - Failure of the participant to follow safety instructions.
- Swimming:
 - Drowning or near-drowning.
- Overnight hikes:
 - Delays communicating with and meeting Emergency Medical Services.

Participant is aware and understands that participating in Camp Jack Hazard's programs involves a potential risk of injury that may not only be from his/her own actions, inactions or negligence but also from the actions, inactions or negligence of others, conditions of the environment, equipment or areas where the event or activity is being conducted.

Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.

Participant understands that he/she is responsible to behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.

Participant understands that activities are voluntary and that he/she should participate only to the extent that they feel appropriate for their own condition and skill level.

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With this understanding, I shall not hold Camp Jack Hazard and its designees or its staff liable for any damages caused by participation in camp activities. I deem my child of appropriate age and skill level to participate fully in all activities as supervised by the CJH staff except as restricted below:

In consideration of my participation in Camp Jack Hazard programs, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS Camp Jack Hazard, its officers, agents and employees from any and all causes to action, claims, demands, losses or costs of any nature whatever arising out of or in any way related to my participation in CJH programs.

Camper Name: _____ Session: _____

Parent/Guardian Signature: _____ Date: _____

Responsible Conduct Agreement

In order to uphold the values of caring, honesty, respect, and responsibility, we must ask that the behavior of campers and staff meet certain standards. If we feel that any participant presents a danger to themselves or others, are preventing others from enjoying their stay at camp, or have become involved in drugs, alcohol, or intimate sexual behavior, we will not be able to host them at camp. Because it is part of our mission to aid our participants' personal growth, camp staff will usually give participants more than one chance to change their behavior, but this cannot be guaranteed. Some behavior is serious enough to warrant immediate dismissal from Camp. Our staff reserves the right to determine when a return home is necessary.

SEARCH AND SEIZURE PROCEDURES

Camp directors reserve the right to search the personal belongings of campers who they suspect to be in possession of contraband items (please refer to the Things To Leave At Home! section of the enrollment packet) that may jeopardize any other camper's experience. The search will be performed discreetly, with the camper(s) suspected of contraband present, and with care not to damage the personal belongings of the camper(s).

EXPULSION TERMS AND PROCEDURES

Should a camper be expelled, parents or guardians must provide transportation home for the expelled camper. They must also bring the necessary identification for us to release custody of the camper. If a parent or guardian is unable to provide transportation, we will transport the camper to Modesto and charge that parent/guardian a \$175 fee. If we cannot transfer custody of the child within 24 hours of attempting to make first contact with the parents or guardians, we will charge an additional fee of \$150 per day to supervise the camper. Camp staff will make reasonable, repeated efforts to contact parents or guardians until they are reached. No part of the program fee will be refunded if your child is sent home for breaking any part of the Responsible Conduct Agreement.

MEMO OF UNDERSTANDING

1. Camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, and possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in a secure location under the control of the Health Specialist.
4. Campers are not to possess or use any firecrackers or explosives. Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent/guardian.
6. Campers may not leave CJH property or established boundaries without CJH staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behaviors in transportation vehicles, may result in immediate dismissal from CJH with no refund.
8. Camp Jack Hazard is not responsible for the loss or damage of articles of clothing or personal belongings.

Thank you for your support and cooperation.

I have read, and understood and will abide by the rules as stated above throughout my stay at CJH.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Download completed .pdf and email to:
campjackhazardadventures@gmail.com**

You can also print, fill and mail this application to:
Camp Jack Hazard
PO Box 3290, Modesto, CA 95353