

Our Lady of the Rosary Girls' Summer Camp

2020 Registration Form

(Please complete one form per child. Please make copies if necessary.)

General Information

Camper's Name: *First:* _____ *Middle:* _____ *Last:* _____

Date of Birth: _____ Age: _____

Camper ID: *Height:* _____ *Weight:* _____ *Hair Color:* _____ *Eye Color:* _____

Father's Name: *First:* _____ *Middle:* _____ *Last:* _____

Mother's Name: *First:* _____ *Middle:* _____ *Last:* _____

Address: _____ City: _____ State: _____ Zip Code: _____

Father's Tel: *Home:* _____ *Work:* _____ *Cellular:* _____

Father's E-mail address: _____

Mother's Tel: *Home:* _____ *Work:* _____ *Cellular:* _____

Mother's E-mail address: _____

Emergency Contact Name: _____ *Relation:* _____

Phone: _____

Sacramental Information

Name of your church/mission: _____ Location: _____

Name of your parish priest: _____

Sacraments received: *Baptism* *First Communion* *Confirmation*

Travel Arrangements

<p><i>Arrival Itinerary: Sunday, July 12, 2020</i></p> <p><input type="checkbox"/> By car: <input type="checkbox"/> Individually <input type="checkbox"/> Carpool with _____</p> <p><input type="checkbox"/> By plane: (<i>Eugene Oregon Airport only</i>)</p> <p>Airline: _____</p> <p>Flight #: _____</p> <p>Time: _____</p>

<p><i>Departure Itinerary: Friday, July 17, 2020</i></p> <p><input type="checkbox"/> By car: <input type="checkbox"/> Individually <input type="checkbox"/> Carpool with _____</p> <p><input type="checkbox"/> By plane: (<i>Eugene Oregon Airport only</i>)</p> <p>Airline: _____</p> <p>Flight #: _____</p> <p>Time: _____</p>

Camper's Name: _____

Age: _____

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 **Our Lady of the Rosary Girls' Summer Camp held at Camp Lane, Walton, OR from July 12, 2020 – July 17, 2020.**

Signature of Father Date

Signature of Mother Date

Camper's Name: _____

Age: _____

Transportation Release

We, _____ and _____
Father *Mother*

Parents of _____,
Child's Name

do hereby grant full permission to the Director of the summer camp or her delegate to transport our child to and from any of the functions pertaining to the **Our Lady of the Rosary Girls' Summer Camp held at Camp Lane, Walton, OR from July 12, 2020 – July 17, 2020.**

Signature of Father Date

Signature of Mother Date

Discipline Consent

We, _____ and _____, authorize that our daughter,
Father *Mother*

_____, be disciplined if need arise, at the discretion
Child's name

of the Director of the **Our Lady of the Rosary Girls' Summer Camp held at Camp Lane, Walton, OR from July 12, 2020 – July 17, 2020.** 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

Medical Emergency Release Document

We, _____ and _____, parents of
Father *Mother*

_____, do hereby give our full permission and authorization to the
Child's name

summer camp Director or her delegate to treat our child for any minor medical needs and/or to bring our child to the hospital for treatment, for the duration of the **Our Lady of the Rosary Girls' Summer Camp held at Camp Lane, Walton OR from July 12, 2020 – July 17, 2020.** We hereby give permission to the physician selected by the Director or her delegate to hospitalize, secure proper treatment for, and order injection, or anesthesia for surgery for our child.

Signature of Father Date

Signature of Mother Date

Camper's Name: _____

Age: _____

Camp Physical

(To be completed by a physician.)

Doctor: _____ Clinic Phone#: _____

Address: _____ City: _____ State: _____ Zip Code: _____ 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 _____

Immunization Dates

DTP/td _____

Polio _____

Hib _____

MMR _____

HepB _____

Other Notes

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.

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

Informed Refusal of Immunizations

We, _____ and _____, hereby declare that as parents having responsibility for our child _____, we withhold our consent, and request that the said minor be exempt from any and all vaccinations on the grounds that such is contrary to our beliefs.

Signature of Father

Date

Signature of Mother

Date

Signature of Doctor

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 due to heart problems? Yes No
- 7. Ever had a concussion or head injury? Yes No
- 8. Been knocked out or had memory loss? Yes No
- 9. Had 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 health conditions which might affect her (including allergies to food, plants, etc)? Yes No
If yes, please specify:

Does your child have any special medicines or foods she must take? Yes No
If yes, please specify:

Health Insurance Information *(N.B. Camper must be covered by health insurance.)*

Insurance Company Name _____

Policy Number _____

I.D. Number _____

Verification of Benefits Phone Number: _____