

CAMP STEVENS REGISTRATION FORM 2019

Register online at http://campstevens.org/summer/#summercamp_register. Please use a separate form for each camper.

CAMPER: _____ / ____ / _____
Last Name First Name MI Birthdate Gender Grade completed in June, 2019

APPLICANT: (parent or adult) _____ (____) _____
Last Name First Name MI Home Phone

Mailing Address: street _____ (____) _____
City, state, zip Cell Phone

Email Address: _____ Religious Preference: _____
(If Episcopal, list Parish)

Cabin-mate request: _____ (You may only request one person and that person must also choose you)

How did you hear about Camp Stevens? Past Experience Friend/Family Church Google/Search Fair/Festival
 Other (please specify) _____

PARENTS OR GUARDIANS:

1) _____ (____) _____ Work
Last Name First Name Preferred Phone Home
 Cell
 2) _____ (____) _____ Work
Last Name First Name Preferred Phone Home
 Cell

Secondary Household address: _____
(If different from above)

ABOUT OUR PRICING:

We understand that families have varying abilities to pay for camp. Please select the price you can afford; all campers receive the same high-quality experience regardless of the amount paid. Price A is the actual cost. Prices B and C are sponsored rates. Additional financial assistance is available through camperships; funds may be limited for registrations received after June 1: campstevens.org/camperships

SESSION:

Please check the box that notes the session desired and the price you are able to pay.

Summer Camp	Ages	Dates	Price A	Price B	Price C
Counselor Training	16+	June 16 – 25	<input type="checkbox"/> \$395	<input type="checkbox"/> \$320	<input type="checkbox"/> \$245
Adventure Session 1	8-15	June 30 – July 5	<input type="checkbox"/> \$755	<input type="checkbox"/> \$680	<input type="checkbox"/> \$605
Adventure Session 2	8-15	July 7 – July 12	<input type="checkbox"/> \$755	<input type="checkbox"/> \$680	<input type="checkbox"/> \$605
Mini-Camp	7-12	July 14 – July 17	<input type="checkbox"/> \$395	<input type="checkbox"/> \$320	<input type="checkbox"/> \$245
Adventure Session 4	8-15	July 21 – July 26	<input type="checkbox"/> \$755	<input type="checkbox"/> \$680	<input type="checkbox"/> \$605
Adventure Session 5	8-15	July 28 – August 2	<input type="checkbox"/> \$755	<input type="checkbox"/> \$680	<input type="checkbox"/> \$605
International Odyssey	12-17	August 4 – August 10	<input type="checkbox"/> \$855	<input type="checkbox"/> \$780	<input type="checkbox"/> \$705
Wilderness Trips	Ages	Dates	Price A	Price B	Price C
Sea Kayaking	13-17	July 6 – July 12	<input type="checkbox"/> \$795	<input type="checkbox"/> \$720	<input type="checkbox"/> \$645
On the Road	13-17	July 20 – July 26	<input type="checkbox"/> \$795	<input type="checkbox"/> \$720	<input type="checkbox"/> \$645
Backpacking	13-17	July 29 – August 3	<input type="checkbox"/> \$695	<input type="checkbox"/> \$620	<input type="checkbox"/> \$545

TRANSPORTATION:

Please select bus option or self-transport.

Self Transport
 Adventure Session 1 \$25 \$25 \$15 \$15
 Adventure Session 2 \$25 \$25 \$15 \$15
 Mini Camp \$25 \$25 \$15 \$15
 Adventure Session 4 \$25 \$25 \$15 \$15
 Adventure Session 5 \$25 \$25 \$15 \$15
 International Odyssey \$25 \$25 \$15 \$15

NOTE ABOUT BUSES: Burbank San Diego
 Los Angeles La Mesa
 Anaheim
 Corona
 Counselor Training requires self-transportation to and from camp. Wilderness Trip van transportation to be coordinated at a later date.

REGISTRATION FEES:

Please total your amount below.

\$ _____ Total Session Price
 \$ _____ Total Transportation Price
 - _____ Applicable Discounts

Limit one discount per registration.
 Not applicable on Counselor Training or Wilderness Trips.
 Sibling Discount

Save \$50 on multiple campers in one household.

\$ _____ TOTAL AMOUNT DUE

PAY BY CREDIT CARD:

Pay full amount now Visa Master Card
 Pay \$100 deposit now Discover AmEx

CC#: _____ Exp: _____

Name on card: _____

Billing Address: _____

RETURN FORM TO:

Camp Stevens
 Attn: Registrar
 PO Box 2320
 Julian, CA 92036

PAY BY CHECK:

Please send \$100 deposit or full amount now with your registration. Make checks payable to Camp Stevens, and write camper's name on the memo line.

OFFICE USE ONLY
 DO NOT WRITE IN BOX

REFUND POLICY: A minimum deposit of \$100 is required to secure registration. Full payment is due 30 days prior to your session. Cancellations more than 30 days prior will receive a full refund, less the \$100 deposit; otherwise there will be no refunds except in medical emergencies, when 50% of the amount paid will be refunded. Call 760.765.0028 with questions. To register online or download additional copies, please visit campstevens.org/summer.

MEDICAL INFORMATION FORM

PARENT SECTION (PLEASE PRINT)

CAMPER NAME _____ CAMP SESSION _____
 Gender _____ Birth Date _____

Primary Parent/Guardian _____ Address _____
 City _____ State _____ Zip _____ Phone(____) _____

Secondary Parent/Guardian _____ Address _____
 City _____ State _____ Zip _____ Phone (____) _____

Emergency Contact #1 –Name _____ Relationship _____
 Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Emergency Contact #2 –Name _____ Relationship _____
 Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

General Information:

Food allergies or other allergies _____

Does your child require an EpiPen? YES ___ NO ___ If YES, please provide details about your child’s anaphylaxis, including the date of last exposure and description of the reaction. _____

Over the Counter Medications

Medication Name	Allowed Yes/No
Acetaminophen (Tylenol)	
Antacids (TUMS, Pepto-Bismol)	
Antibiotic Cream	
Antihistamines (Benadryl)	
Cough/Cold Medicine (Dayquil)	
Ibuprofen	
Insect Repellent	
Sunscreen	
Sting/Burn/Itch Relief (Lidocaine)	

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child? _____

Immunizations

Please list the date (Month and Year) of your child’s most recent vaccination or booster, if any, for the following: Yes/No Date(s)

Tuberculosis (TB)		
All other vaccinations require for school.		

If you child has not been fully immunized, please explain: _____

Will your child require any treatments or specialized medical care while at camp? YES ___ NO ___
 If yes, please explain, and include frequency. _____

Does your child regularly take any medications that will not be taken at camp? YES ___ NO ___ If yes, please explain. _____

Doctor and Insurance Information

Doctor	Name:	Phone:
Do have medical insurance?	Yes ___ No ___	
Name of Policy Holder		
Group Name or Number		

Date of Last Tetanus Shot _____

Health History ~ Medical Conditions

Condition	Yes/No	Details
ADD/ADHD	Y	
Asthma/Inhaler		
Autism Spectrum		
Bedwetting		
Behavioral Concerns		
Concussion/Traumatic Brain Injury		
Diabetes		
Digestive Disorders (IBS, frequent stomach aches, etc.)		
Headaches or Migraines		
Hearing or Vision Concerns		
Homesickness		
Mental Health Concerns		
Motion Sickness		
Seasonal Allergies		
Seizures		
Sleep Disturbances (Sleepwalking, night terrors, etc.)		
Speech Concerns		
Other		

Medical Waiver

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities including strenuous hiking, swimming, climbing, and playing at an elevation of 4,300 feet (except as noted).

I understand the information on this form will be shared on a "need to know" basis with camp staff including but not limited to my child's counselors, medical and leadership staff. I understand that the camp reserves the right to request a physician's examination and written authorization that your child is medically fit to attend camp. I understand that camp staff will make every effort to contact me in the case that off-camp medical treatment is recommended.

I do hereby authorize the staff of Camp Stevens as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to me by a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital, or at any other place or places.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required but is given to provide

Has your child had any operations? YES ___ NO ___

Has your child ever been hospitalized or had a serious injury? YES ___ NO ___

Has your child been exposed to any communicable diseases within the last 3 months? YES ___ NO ___

Does your child have any conditions requiring special restrictions, exemptions, or considerations on activity while at camp? YES ___ NO ___

Does your child require any special assistance while at camp? YES ___ NO ___

If you answered yes to any of the above questions, please explain here: _____

Please share any other medical, behavioral, or historical information that could help camp staff care for your child. _____

authority and power on the part of our aforesaid agent(s) to give specific consent to and an all such examination, diagnosis, treatment or hospital care which the aforementioned physician may advise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

The undersigned further agree(s) to indemnify and hold harmless the Protestant Episcopal Church and Dioceses of Los Angeles and San Diego, each and any of its institutions, societies or subdivisions, and each employee or agent of any of them, from any loss, cost (including cost of investigation or defense of claims and legal fees), liability or damage which may be sustained or may rise out of the performance, non-performance of any examination, anesthetic, diagnosis, treatment or hospital care performed as a result of or following any consent or purported consent by said agent(s) hereunder. This authorization shall remain effective through 01/01/2020 unless sooner revoked in writing and delivered to said agent(s), no revocation shall render said agent(s) liable, nor place said agent(s) under any duty, with respect to any consent given hereunder prior to actual receipt by said agent(s) of such revocation.

Name printed _____

Signature _____

Date signed _____