



Sol Del Valle Community Center "
Summer Camp
Program Application
 (Thanks for printing legibly)

1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age (at the time of Camp): _____
 Name how the camper prefers to be called (if different): _____
 Name of School: _____ Grade: _____
 T-Shirt Size: **Youth:** "XS "S "M "L *or* **Adult:** "S "M "L XL XXL XXXL
 Name of Parent/Guardian/Primary Contact: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone _____
 Email address you check frequently: _____
 Best way to contact you? **Home Phone** **Cell Phone** **Email**
 Please send my paperwork via US mail *or* Please send my paperwork via email
 What is the race/ethnicity of you/your camper? * _____ Prefer not to say
 *Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
 Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____
 Second Contact's Name: _____ Relationship: _____
 Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

 Does your camper have any behavioral or emotional issues the staff should know about?

 Is your camper taking any medications to treat these conditions?

If you would like to donate the amount of \$ _____ your tax deductible contribution helps send a child to camp!

Sol Del Valle Community Center
Camper Health Form

Insurance

This camper is covered by family insurance: Yes No

Insurance company: _____

Policy number: _____

Subscriber: _____

Insurance company phone number: (_____) _____

Health Information

1. Treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
Yes No

2. Have mental, emotional, or behavioral concerns? Yes No

3. Had a significant life event that continues to affect the camper's life? Yes No

4. Medical diet? Yes No Vegetarian diet? Yes No

5. Does this camper have Asthma? Yes No

If yes... Will the camper carry a rescue inhaler?

Yes No

6. Does the camper need assistance with inhaler? Yes No

Medication

Will this camper take any daily medications while at camp?

Yes No

List the medications the camper will be taking:

Non-prescription medications may be stocked at the camp and are used on an as needed basis to manage illness and injury. Can this camper use over the counter medications? Yes No

What have we forgotten to ask? Is there anything else we should know about this camper?

Sol Del Valle Community Center Permission Form

Sunscreen: Campers will be spending a lot of time outdoors. Due to these conditions, I will bring in a bottle of sunscreen with UVA/UVB protection of SPF 15 or higher, labeled with my child's name. By signing below, I give camps permission to apply sunscreen on my child daily and as needed. Yes No

Transportation: Campers will be going on different field trips. I grant permission for my child to participate in these field trips and for the program staff to take my child on these buses. Yes No

Swim Test: I give permission for my/our child to take a swim test (given by our staff at the public pool if s/he desires to do so. If s/he passes the test, I give permission for him/her to swim in the deep end of the pool with Sol Del Valle Community Center Camp staff. Yes No

Photo Consent: I give permission for Sol Del Valle Community Center to take photographs and audio/video recordings of my child and family. Sol Del Valle Community Center may publish, distribute, or otherwise use the photos in professional manners that Sol Del Valle Community Center believes is proper for Center-related purposes only. The use of these photos/recordings is limited to: print publications to be distributed to Sol Del Valle Community Center families (i.e. newsletters or postings in the building), classroom photos, and photos/videos on our website. This consent includes the right for the Sol Del Valle Community Center to edit the materials in accordance with accepted standards of professional conduct. Yes No

Children Pick-Up: Anyone picking up your child will need to present a photo ID (i.e. drivers license) daily to camp staff for release of your child. We will not release your child unless proper identification is given. Please list persons (including yourself) authorized to pick up your child. Print clearly please:

My signature below indicates that:

- I agree to abide by all the rules and policies of camp and to live cooperatively with other campers and leaders.
- I agree to hold Sol Del Valle Community Center and staff of this camp free from liability, for any injuries, damages or losses unless caused by the willful or intentional conduct on the part of the leader or staff.
- I hereby give permission to the physician or hospital staff elected by the camp leadership to order X-rays, routine tests, and treatment for the health of the camper.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the camp leadership to hospitalize and secure proper treatment for the camper.
- This camper has permission to engage in camp activities, agrees to participate fully in the features of the program and cooperate in maintaining an atmosphere of Christian fellowship.

Parent/Guardian's Signature: _____

Date: ____ / ____ / ____

BULLYING PREVENTION - *Sol del Valle Community Center Takes A Stand* PARENT/CHILDREN LETTER

Dear Parents and Children,

The importance of the physical and emotional safety of each and every camper and staff member is paramount to our camp. We try to identify critical concerns that are important to our campers and staff. We take the issues of bullying and violence in our culture very seriously.

The purpose of this letter is to talk about an initiative that Sol del Valle Community Center will be taking during this year's Summer Camps and beyond to address this issue.

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: through the use of e-mails, text messaging, instant messaging, and other less direct methods.

"Camps Take a Stand" is an anti-bullying initiative that is aimed at taking appropriate steps towards managing this problem. Although we have always made a conscious effort to prevent bullying in our Summer Camps, bullying itself has transformed into more than its traditional definition. This summer we are trying to stop bullying behavior with different tools and techniques that will help us prevent such behavior.

As we get ready for our summer camps, we thought you should know about the lengths to which we are prepared to go in order to ensure that we are successful in delivering the initiative to our camp this summer and provide physical and emotional safety to all.

We encourage you, as parents, to please let us know about any particular bullying concerns you may have against your child through emails, instant messages, or text- messages that may have led to exclusion or meanness towards your child by somebody else during our summer camps. We want to ensure that this problem can be managed by a strong partnership between our summer camp staff and you.

If you have any feedback for us that you think would be helpful, we would appreciate hearing from you.

We look forward to having your child with us at camp this summer.

Parent or Guardian Signature: _____

Camper Signature: _____