



CAMPER APPLICATION WINTER 2010-2011

CAMPER INFORMATION

Camper Name: _____ Age: _____
Home Address: _____ Apt: _____ Ward: _____
City: _____ State: _____ Zip: _____ County: _____
School: _____ Location: _____ Grade: _____
GPA: _____ Date of Birth: ____/____/____ Shirt Size: _____ Gender: M / F
Campers Email Address: _____
Camper Cell: (____) _____

Please mark one of the following ethnic identities:

American Indian/Alaska [] Asian [] Black/African American [] White [] Hispanic/Latino []
Native Hawaiian, Other Pacific Islander [] Not Hispanic/Latino []

PARENT INFORMATION

Custodial Parent/Guardian: _____
Relationship to Camper: _____ Cell: _____
Home: _____ Work: _____
Email Address: _____
Social Security #: _____ - _____ - _____ Total Family Income (Gross): \$ _____

Please mark the boxes that apply to you:

TANF [] Medicaid [] Food Stamps [] Foster Parent []

EMERGENCY CONTACT/AUTHORIZED PICKUP INFORMATION

My child may be picked up by the following authorized individuals (other than Parent/Guardian & Emergency Contact):

Emergency Contact 1: _____
Relationship to Camper: _____
Cell: _____ Home: _____
Emergency Contact 2: _____
Relationship to Camper: _____
Cell: _____ Home: _____

Medical Coverage, provided by Family Matters of Greater Washington, for children attending camp, covers illnesses and injuries that occur during camp. It does not cover pre-existing/conditions or extensive hospitalizations. Paying for conditions not covered remains the responsibility of the parent/guardian. A copy of the child's medical insurance must be submitted with this application.

Medical Insurance Company _____ Medical Insurance ID # _____ Primary Care Physician _____ Physician Contact Phone _____

I/We grant permission for our child named above to take part in the Youth Development Programs provided by Family Matters of Greater Washington, D.C., Inc. I/We agree to assume all financial responsibility in case of injury or accident arising from such event(s). In case of injury or illness, I authorize FMGW staff to administer treatment.

Signature of Parent/Guardian _____

Date _____

For office use only:

REGISTRATION INFO

Registration Date: _____/_____/_____

Registered by: _____

Camp Brain: No: [] Yes: []

Registration Fee: \$35.00

Registration Fee: \$125.00

Deposit Paid: \$ _____

Balance Due: \$ _____

Referring Agency _____

Coordinator _____

Phone _____

Parents complete

Date of last Immunization: _____

Hospitalized in the last 3 months:

No: [] Yes: []

Reason: _____

List ALL Prescribed Medications:

- 1. _____
2. _____
3. _____
4. _____
5. _____



CAMPER PROFILE WINTER 2010-2011

CAMPER PROFILE

Camper Name: _____ Nickname: _____

Child currently lives with: ___ Parents ___ Mother ___ Father ___ Grandparents ___ Other: _____

Age of Brothers(s): _____ Age of Sisters(s): _____

Ever attended Camp Moss Hollow: No Yes

If yes, what years: Summer: _____ Winter: _____

What other overnight camps have you attended: _____

Camper characteristics (Please (X) all that describe your child):

- Alert Cheerful Selfish Friendly Tries to finish what they start
- Obedient Very active Bossy Moody Light Sleeper
- Shy Strong-Willed Easy-going Bully Bed Wetter
- Talkative Quiet Easily Led Sad Sleep Walker

Can child swim in deep water? No Yes

Family Status:

Unmarried Divorced Separated Married

How did you hear about Camp Moss Hollow:

- Newspaper Radio Movie Theater Ad Facebook Twitter Friend Camp Fair
- ACA School Flyer School PTA Recreation Center Text Advertising
- Other _____

Please write any additional information you feel important concerning your child: _____

CAMPER DIETARY PROFILE

My child does NOT require any special dietary needs.

My child does have special dietary needs as follows:

- Vegetarian meals ONLY No red meats No milk/dairy products
- No Peanut butter/nuts No wheat products No shell fish/seafood

Other dietary comments: _____



Camper Medical Release WINTER CAMP 2010-2011

The following statements do not affect your child's eligibility for camp. Special medical needs are considered on a case-by-case basis to ensure a successful experience for your child.

1. This Camper Release authorizes the camp to administer non-prescription drugs unless indicated and prohibited on their health form. If the nurse should have any questions about dosage, times, etc., he/she will contact the parent at the number indicated above.

Parent/Guardian Signature: _____ **Date:** _____

2. It is agreed that in case of injury or illness, I authorize my child to receive treatment by an emergency medical technician, camp nurse, hospital, dentist or doctor. First aid may be given at camp. Any follow-up medical attention may be given at a local hospital. Transportation to the nearest hospital is authorized if necessary. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: _____ **Date:** _____

3. It is agreed that my child's medical insurance is the primary coverage of any illness or injury sustained while at camp. It is understood that Family and Child Services of Washington, DC Inc., may elect to cover illnesses and injuries under their medical insurance to the maximum limitation of the coverage. It is agreed that I will have my child's medical insurance carrier to make contact with Family and Child Services of Washington, DC, Inc., medical carrier for transfer of responsibility. It is clearly understood that if my child does not have proper medical insurance that all costs occurred from my child's illness or injury is my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

4. It is agreed that if my child is on regular medication prior to their arrival at camp or during the school year, they must remain on that medication while at camp

Parent/Guardian Signature: _____ **Date:** _____

5. I further understand that Camp Moss Hollow, by law, cannot assist in administering prescription drugs to my child, even with parental consent, unless the medication is sent in its properly labeled original container with medical verification and the administrative instructions clearly printed with the child's name. Any revised or makeshift labels or containers will not be accepted and will result in your child being sent home for his/her medical well being.

Parent/Guardian Signature: _____ **Date:** _____

6. Finally, if any recorded medication has changed since the child's registration, I agree to update their medical file prior to camp departure by a licensed physician. I agree to send all medications for asthma, allergies, etc. to cover the length of the session. In the event that this is not done, I understand that my child may be sent home for his or her medical well being.

Parent/Guardian Signature: _____ **Date:** _____



1509 16th Street, NW Washington, DC 20036 * (202)289-1510 * www.CampMossHollow.com

Parent Consent and Release of Liability

It is Agreed and Understood that:

- ❖ Camp Moss Hollow (Camp) serves children from varied economic and ethnic backgrounds, and various physical and social abilities. The camper population is reflective of the youth and teen population in the Washington, DC metropolitan area.
- ❖ Camp Moss Hollow has a zero tolerance policy for drugs, alcohol, weapons or any physical or verbal behavior that causes physical harm or intimidation. **Campers identified for any of these infractions will be sent home.** It is agreed that the camp director reserves the right to reject applications and to dismiss a camper, if necessary, for the good of the camp.
- ❖ While the camp takes every reasonable precaution, it is agreed that the camp assumes no responsibility for the camper's personal property. We ask that campers not bring electronic equipment including cell phones and portable games to camp.
- ❖ I understand the camp encourages positive hygiene practices for all campers. Campers will take daily showers to promote good grooming. Camp staff, if needed, will wash, comb and style hair in the interest of health and hygiene. This is particularly important after swimming and hikes.
- ❖ Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in Camp may involve risk of property damage and of personal injury, illness and even death of Camper, including but not limited to the risks arising from transportation-related activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food borne illness and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware. I understand that although the camp staff makes all efforts to ensure health and safety at all times, I am aware that all camp programs present risks and hazards, which the participant assumes. I hereby accept those risks associated with participation.
- ❖ I warrant that the Camper indicated on this page is fully capable of safely participating in all Camp activities and has my permission to participate in all camp-related activities and special programming including swimming, boating, hiking, sleep-outs in tents, and out-of-camp trips unless I notify Camp Moss Hollow otherwise in writing.
- ❖ I further recognize that I have instructed my child or ward, to the extent my child or ward will be attending and participating in activities at Camp Moss Hollow, in the importance of knowing and abiding by the rules, regulations and procedures at Camp Moss Hollow.

Consent to Attend Camp Moss Hollow Winter Camping Program

I hereby give permission for _____ to participate and attend Camp Moss Hollow.

Camper's Name: _____ Gender: _____ Age: _____

Attending Session: Moss Hollow Winter Camp

Print Parent or Guardian Name

Relationship to Child

Signature of Parent or Guardian

Date



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Photo Release for Person Under 18 Years of Age WINTER 2010-2011

I hereby grant Camp Moss Hollow and Family Matters of Greater Washington and its employees, agents, assigns, and sponsors the right to photograph and/or video tape my child for use in promotional or educational materials as follows photo and/or video footage and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Print Name of Camper: _____

Campers Home Address: _____

City: _____ State: _____ Zip: _____

Yes

No

I hereby authorize the use of these materials indefinitely without compensation. All negatives or positives, prints, digital reproductions and video, audio recordings or quoted remarks shall be the sole property of Camp Moss Hollow and Family Matters of Greater Washington

I certify that I am the custodial parent and/or guardian and have the aforementioned rights to assign.

Signature of Parent or Guardian: _____

Parent's home address: _____
(Complete if different from address above)

City: _____ State: _____ Zip: _____

Date: _____

Things to Bring to Camp WINTER CAMP

A small duffel bag will hold all you need and tow well on the bus and under your bed. Be sure that your child's name is on all possessions. Here's what is needed this winter:

Sleep Wear

- 1 Sleeping bag or 2 single sheets and 1 blanket
- 1 pair of pajamas or warm sleep wear

Toiletries

- 1 towels and washcloths
- 1 travel size deodorant, lotion, hair grease and powder
- 1 Bar soap or Shower gel
- 1 brush or comb
- 1 toothpaste and toothbrush
- 1 pair of shower slippers
- 1 Chapstick

Clothes

- 1 heavy jacket or coat
- 1 long sleeve shirt
- 1 sweatshirt
- 1-2 tee shirts
- 1 lightweight raincoat or poncho (with hood, if possible)
- 1 warm cap or scarf for hikes
- 1 pair of socks
- 1 pair of sneakers
- 1 pair of hiking or work boots (if possible)
- 1 pair of long jean pants
- 1 set of underwear
- 1 set of long underwear for extremely cold weekends
- 1 pair of gloves

Extras

- 1 small camera (optional)
- Small pillow

Please don't bring all new clothes or sneakers to camp. We hike in the rain and play in the mud. We sit on the ground and exercise on the floor.

Come prepared to get dirty and have some fun. Bring practical, comfortable warm clothes and shoes. It is important that each child's belonging be clearly marked with his/her name.

Your child may leave his/her bed clothes at camp during the weekend breaks.

