

**Camp Jornada Camper Application**

Camp Jornada Foundation

PO box 494

Cresco, IA 52136

Email: campjornada@campjornada.org

**Application Deadline is June 1st, 2009 (No Exceptions)**

**Did you attend Camp Jornada in 2008?** Yes  No

**I. GENERAL INFORMATION (to be filled out by parent or guardian)**

NAME: \_\_\_\_\_  
Last First Middle Nickname

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

HOME ADDRESS: \_\_\_\_\_  
Street Address City State Zip

PARENTS EMAIL (for year round events): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

Camper's T-shirt size: **Youth** Small (6-8) \_\_\_\_\_ Medium (10-12) \_\_\_\_\_ Large (14-16) \_\_\_\_\_  
**Adult:** Small (34-36) \_\_\_\_\_ Medium (38-40) \_\_\_\_\_ Large (42-44) \_\_\_\_\_ X-Lg (46) \_\_\_\_\_ XXL \_\_\_\_\_

**In case of emergency notify (if other than parent/guardian, provide contact info for both):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address City State Zip

MOM - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

DAD - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**II. INSURANCE INFORMATION (enclose a copy of insurance card)**

Is the participant covered by family medical/hospital insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF INSURANCE CARRIER: \_\_\_\_\_

CARRIER ADDRESS: \_\_\_\_\_  
Street Address City State Zip

NAME OF INSURED: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

**III. MEDICAL INFORMATION** (please check one)

Patient

Sibling has/had

Parent has/had

Patient/Diagnosis: \_\_\_\_\_

Current status: \_\_\_\_\_

**MEDICATIONS**

Please list **all (prescription and non-prescription)** medications to be taken. Please keep all medicines that you bring to camp in their original bottle or package that identifies the prescribing physician, and the name, dosage and frequency of administration of the medication.

\_\_\_\_\_ This individual does **not** take any medications.

\_\_\_\_\_ This individual takes the following medications.

Medicine	Dosage	Frequency	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Over the counter medications**

Yes No

Dosage

Tylenol

\_\_\_\_\_

Advil

\_\_\_\_\_

Benadryl

\_\_\_\_\_

Cough Drop

\_\_\_\_\_

Other (please list)

\_\_\_\_\_

**ALLERGIES (Please list drug/food and the allergic reaction)**

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**Additional Information:** Is there any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware? If yes, please describe. i.e. Diabetes, seizures, organ transplant

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**Name of Family physician or group:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Subspecialty (for example Mayo Peds Heme/Onc):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Guardian Authorization: This information is correct and complete to the best of my knowledge, and my child has permission to engage in all camp activities except as noted above:**

**Printed name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**IV. MEDICAL CLEARANCE INFORMATION**

1. This section **MUST** be completed for **ALL** campers (patients, siblings and healthy kids)
2. Must be **signed by Physician** and **mailed** to above camp address and **Postmarked by: July 2, 2007**

I have known the camp participant, \_\_\_\_\_.

In my opinion, the applicant \_\_\_\_ is \_\_\_\_ is not able to participate in an active camp program.

The applicant has been under medical care for the following condition: \_\_\_\_\_

\_\_\_\_\_

List any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Describe any limitations or restrictions of camp activities: \_\_\_\_\_

\_\_\_\_\_

Additional information for health care staff at the camp (i.e.; any central lines, tubes, devices, etc that require special care – **please specify clearly**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This must be signed for ALL campers (patients, siblings, healthy) to be able to participate.**

**Signature of Doctor:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***“Please Attach Immunization Record”***

## V. CONSENT FORM

**Camper Name:** \_\_\_\_\_

### CONSENT TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

In the event medical attention is required that cannot be administered at the camp, and I cannot be reached in case of an emergency, I hereby give permission to the physician selected to secure and administer medication and treatment, arrange for emergency treatment. I give permission to the medical personnel selected by the camp director to order tests, X-rays, or other treatments deemed necessary and appropriate. I also give permission for the medical personnel to release any records required for insurance purposes and to provide or arrange for any related transportation for me/or my child. I understand and agree that Camp Jornada camp staff and volunteers are not responsible for injury that may result from any or all accidents, including those that may be related to horseback riding. This completed form may be photocopied for trips out of camp.

Parent/Guardian Print Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT TO PARTICIPATE

I waive and release Camp Jornada (including all officers, directors, staff and volunteers) from any and all liability, claims, demands and actions whatsoever for accident, injury, damages or loss, which may arise from participation in camp related activities, including horseback riding.

I understand that this is an innovative camp program using a variety of outdoor settings and activities that have some inherent physical risks. I understand that if I have any questions about these activities, I can make an appointment to discuss it with a member of the Camp Jornada Foundation Board.

I understand that during horseback riding there are risks of falling, equipment failure, or hit by objects dislodged by others or by force of nature, and that by electing to participate in such activities, the risk of accident or injury is assumed on my behalf.

I also understand that not all campers will participate in the above activities. Age and physical abilities will determine appropriate participation in activities.

Parent/Guardian Print Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA CONSENT**

I hereby authorize the interview, taking pictures, motion pictures, and or television pictures during the participation of the indicated individual in any or all Camp Jornada related activities and/or events. I also consent to the use of any and all such pictures in any media publication and release any and all of my rights with respect thereto.

Parent/Guardian Print Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO PARTICIPATE IN WATER/SWIMMING ACTIVITIES**

I agree to allow my child to participate in swimming and other water activities while attending Camp Jornada. I understand that there may not be licensed lifeguards present during all water activities, but such water activities will always be under the direct supervision of Camp Jornada staff. In addition Camp Jornada has contracted with licensed lifeguards who will be present at most, but not all water activities. I waive and release Camp Jornada (including all officers, directors, staff and volunteers) from any and all liability, claims, demands and actions whatsoever for accident, injury, damages of loss, which may arise from participation in water activities.

Parent/Guardian Print Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Camper Contract**

I understand and agree to abide by the restrictions placed on my camp activities including those described in this consent form.

**Signature of camper:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FAVORITE ACTIVITIES

(Please rank your activities 1= most favorite and 10= least favorite)

<u>Activity</u>	<u>Ranking</u>
Arts and crafts	_____
Canoeing	_____
Field and Gym Recreation	_____
( <b><u>Might</u></b> include, darts, tennis, football, basketball)	
Fishing	_____
Horseback Riding	_____
Nature/Hiking	_____
Photography	_____
Swimming	_____
Archery	_____
Gardening	_____

\*Please remember that not all activities may be available; please fill out all activities just in case.\*