GIRLS RESIDENT CAMP 2017
CAMP AUXILIUM REGISTRATION FORM

(Please PRINT CLEARLY)

Week 1 – Sunday June 25 – Saturday July 1
Week 2 – Sunday July 2 – Saturday July 8
Week 3 – Sunday July 9 – Saturday July 15
Week 4 – Sunday July 16 – Saturday July 22

Payment
Cash _____
Check _____
_____
Visa or Master _____

Write the week/s your child plans to come:

_____

1- NAME: _____
Last **First** **Middle**

DATE OF BIRTH: (M/D/YY)_____ AGE:_____ Please enroll my child for **Week #:** _____

RELIGION: _____ (If Catholic, has she received First Holy Communion?)_____

2- NAME: _____
Last **First** **Middle**

DATE OF BIRTH: (M/D/YY)_____ AGE:_____ Please enroll my child for **Week #:** _____

RELIGION:_____ (If Catholic, has she received First Holy Communion?) _____

FAMILY INFORMATION

ADDRESS: _____
Street City State Zip Code Country

(_____)_____
Home Phone (Area Code + #)

Father's Name: _____
Work Phone: (_____)_____
Cell Phone: (_____)_____
E-mail: _____
Fax number: (_____)_____

Mother's Name:_____
Work Phone: (_____)_____
Cell Phone: (_____)_____
E-mail: _____
Fax Number: (_____)_____

CAMP FEES

Kindly check items included in your payment.

Photo Permission:
I, _____,
the parent/legal guardian of:
_____,
(child/ren's name)
hereby give permission for photographs to be taken of my child and used by Camp Auxilium in the publication in Salesian newsletters, brochures, websites, news reports and promotion of this and/or similar kinds of events. These images will not be manipulated or used in any public venue, besides that stated, without further permission.

Parent/Guardian Signature:_____

Date: _____

Early Bird Rate Paid by 4/28/2017
____ **x $ 50.00** Registration/child =_____
____ **x $310.00** Weekly per child =_____
____ **x $280.00** Additional Sibling/Wk =_____

RATE AFTER 4/28/2017
____ **x $ 50.00** Registration/child = _____
____ **x $335.00** Weekly per child = _____
____ **x $300.00** Additional Sibling/Wk = _____

OTHER EXPENSES:
____ **x $10.00** Canteen Card =_____
____ **x $15.00** Camp Tee Shirt Size _____= _____
____ **x $20.00** Camp Sweatshirt Size _____= _____
____ **x $10.00** Swim cap (LYCRA) Color _____= _____
RED-Beginner WHITE- Intermediate BLUE-Advanced
____ **x $5.00** Camp Picture 8x10 Wk #:_____= _____
____ **x $50.00** Airport Pickup per family = _____
____ **x $10.00** Laundry (staying 2wks or more) = _____
Total = _____

Please, make checks payable to Salesian Sisters: Camp Auxilium

605 Enos Lane * Corralitos, CA * Phone (831) 728-4700 Ext.4 * Fax (831) 728-5802 *
www.salesianschool.org Email campauxiliumcalifornia@gmail.com

GIRLS DAY CAMP 2017

CAMP AUXILIUM REGISTRATION FORM

(Please PRINT CLEARLY)

Method of Transportation: Private Car _____ Carpool _____

Corralitos, CA
Camp Auxilium

Week 1 – Monday June 26 – Friday June 30
Week 2 – Monday July 3 – Friday July 7
Week 3 – Monday July 10 – Friday July 14
Week 4 – Monday July 17 – Friday July 21
8:00 A.M. – 5:30 P.M.

Payment
Cash _____
Check _____
_____
Visa or Master _____

Write the week/s your child plans to come:

_____

1- NAME: _____
Last First Middle

DATE OF BIRTH: (M/D/YY)_____ AGE:_____ Please enroll my child for **Week #:** _____

RELIGION: _____ (If Catholic, has she received First Holy Communion?)_____

2- NAME: _____
Last First Middle

DATE OF BIRTH: (M/D/YY)_____ AGE:_____ Please enroll my child for **Week #:** _____

RELIGION:_____ (If Catholic, has she received First Holy Communion?) _____

FAMILY INFORMATION

ADDRESS: _____
Street City State Zip Code Country

(_____)_____
Home Phone (Area Code + #)

Father's Name: _____
Work Phone: (_____)_____
Cell Phone: (_____)_____
E-mail: _____
Fax number: (_____)_____

Mother's Name:_____
Work Phone: (_____)_____
Cell Phone: (_____)_____
E-mail: _____
Fax Number: (_____)_____

CAMP FEES

Kindly check items included in your payment.

Photo Permission:
I, _____,
the parent/legal guardian of:
_____,
(child/ren's name)
hereby give permission for photographs to be taken of my child and used by Camp Auxilium in the publication in Salesian newsletters, brochures, websites, news reports and promotion of this and/or similar kinds of events. These images will not be manipulated or used in any public venue, besides that stated, without further permission.

Parent/Guardian Signature:_____

Date: _____

Early Bird Rate Paid by 4/28/2017

____ **x $ 50.00** Registration/child = _____
____ **x $165.00** Weekly per child = _____
____ **x $150.00** Additional Sibling/Wk = _____

RATE AFTER 4/28/2017

____ **x $ 50.00** Registration/child = _____
____ **x $190.00** Weekly per child = _____
____ **x $175.00** Additional Sibling/Wk = _____

OTHER EXPENSES:

____ **x $10.00** Canteen Card = _____
____ **x $15.00** Camp Tee Shirt Size _____ = _____
____ **x $20.00** Camp Sweatshirt Size _____ = _____
____ **x $10.00** Swim cap (LYCRA) Color_____ = _____
RED-Beginner WHITE- Intermediate BLUE-Advanced
____ **x $ 5.00** Camp Picture 8x10 Wk #:_____ = _____
____ **x $10.00** Dinner & Night Activity = _____
____ **x $20.00** Dinner, Night Activity,& Overnight = _____
Total = _____

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www.salesianschool.org Email campauxiliumcalifornia@gmail.com

MEDICAL FORM PART A 2O17

For both Resident & Day Campers

(**This form must be completed by Parents/Guardians of Minors)**

____RESIDENT CAMPER

____DAY CAMPER

Corralitos, CA Camp Auxilium

NAME: _____

Last First Middle

DATE OF BIRTH: (M/D/Y) _____AGE: _____ HEIGHT: ____ WEIGHT: _____

CONTACT INFORMATION

ADDRESS: _____

Street City State Zip Code Country

(_____)_____

Home Phone (Area Code + #)

Father's Name: _____ Mother's Name:_____

Work Phone: (_____)_____ Work Phone: (_____)_____

Cell Phone: (_____)_____ Cell Phone: (_____)_____

E-mail: _____ E-mail: _____

Fax number: (_____)_____ Fax Number: (_____)_____

Alternate Emergency Contact's Name 1: _____ Phone (_____)_____

Alternate Emergency Contact's Name 2: _____ Phone (_____)_____

Insurance Carrier:_____ Policy (_____)_____

Under whose name is the insurance listed? _____ Group#_____

BASIC IMMUNIZATION HISTORY

HEALTH HISTORY

Please attach a copy of the camper's insurance card to this medical form, showing both front and back sides of the card, as well as information about shots.

IF YOU HAVE MEDICAL INSURANCE, YOUR CARRIER WILL BE BILLED FOR YOUR MEDICAL CHARGES IN CASE OF ILLNESS OR INJURY WHILE YOUR CHILD IS AT CAMP.

Vaccines	**1st**	**2nd**	**3rd**	**4th**	**5th**	**6th**
DPT (Diphtheria, Pertussis, Tetanus)						
TD (Tetanus/ Diphtheria)						
OPV or IPV (Oral Polio Vaccine)						
MMR (Measles, Mumps, Rubella)						
TB Skin Test						
HIB – Hemophilus influenza B						
HEPATITIS A						
HEPATITIS B						

	Yes	No
Asthma		
Chicken Pox		
Diabetes		
Ear Infection		
Heart Problems		
Measles		
Mumps		
Hepatitis		

MEDICAL FORM PART B 2O17

For both Resident & Day Campers

(**This form must be completed by Parents/Guardians of Minors**)

____**RESIDENT CAMPER**

____**DAY CAMPER**

Corralitos, CA
Camp Auxilium

CAMPER'S NAME:_____

Last First Middle

RESTRICTIONS:

1. Dietary Restrictions/Food Allergies

_____

2. Restriction of Camp Activities

_____

HEALTH CARE RECOMMENDATION BY A LICENSED PHYSICIAN

1. Medical conditions under care of physician

_____

2. Treatment needed during camp

_____

3. Known Allergies

_____

4. Medication to be administered:

Name of medication	**When to be taken?**	**Dosage**
_____	_____	_____
_____	_____	_____

ALL PRESCRIPTION MEDICATIONS MUST BE ACCOMPANIED BY PHYSICIANS' INSTRUCTIONS (ON LABEL OF MEDICATION OR BY SEPARATE, SIGNED, TYPEWRITTEN INSTRUCTIONS.)

5. Surgeries, serious injuries or fractures (when?)

_____

6. Any behavioral problems or concerns we need to know.

_____

7. Has your daughter menstruated? ____If not, has she been told about it? ____

IMPORTANT: We regret that due to safety and hygiene issues, Camp Auxilium is unable to accommodate children who sleepwalk or wet the bed.

Request for Administration of Medications by Camp Personnel

CAMPER'SNAME:_____

Last First Middle

This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted.

DATE OF BIRTH: (M/D/Y)_____ AGE:_____ Grade next year ____

In the event that my child suffers from any mild pain or discomfort, I allow that over-the-counter medication be administered to my child at the discretion of the staff of Camp Auxilium. I understand that if the pain or discomfort persists, the staff of Camp Auxilium will contact me regarding my child's condition.

1. Please list any over-the-counter medications that your child cannot take.

_____

2. List any regular over-the-counter medications you give to your child.

_____

I waive any and all claims for damages against the SALESIAN SISTERS and/or CAMP AUXILIUM and/or the Diocese of Monterey, which I may have or which may hereafter accrue to me or my child, as a result of the administering of medicine. I intend and agree to release and discharge in advance the SALESIAN SISTERS and/or CAMP AUXILIUM and/or the Diocese of Monterey, and its officers, agents and employees, from any and all liability relating to the administration of said medications.

_____ _____

Parent/Guardian Signature Date

(_____)_____ (_____)_____ (_____)_____

Home Number Work Number Cell Number

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PARENT MEDICAL & LIABILITY RELEASE STATEMENT 2017

______ RESIDENT CAMPER

______ DAY CAMPER

Corralitos, CA
Camp Auxilium

CAMPER'S NAME: ____
Last **First** **Middle**

I understand that in the event that medical intervention is necessary, an attempt will be made to contact the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the camp administration to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that Camp Auxilium and its agents will take reasonable safety precautions during all Camp events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold Camp Auxilium and/or Salesian Sisters and/or the Diocese of Monterey, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form. I hereby assume full responsibility for hospital bills, professional fees, and other medical expenses, other than those covered by the Camp accident insurance.

Parent/Guardian Signature ___________________________________Date _____________________

Signature of Camp attendee (if over 18) _______________________________Date _____________________

DECLARACION DE PADRES PARA EXONERAR RESPONSABILIDADES

Nombre del Asistente al Campamento:____

Yo entiendo que en el caso de que una intervención médica sea necesaria, se realizará un intento para contactar a las personas listadas en este formulario. Si es que no puede ser localizado en una emergencia durante las fechas de actividades mostradas en este formulario, otorgo mi permiso a que un médico o dentista seleccionado por el líder de actividades hospitalice, proporcione tratamiento médico y/o aplique alguna inyección, anestesia o cirugía a mi hija si es necesario.

Yo entiendo que Camp Auxilium y sus agentes tomarán las precauciones de seguridad razonables durante los eventos y actividades. Yo entiendo que existe la posibilidad de peligros imprevistos y sé que hay esa posibilidad inherente o riesgo. Yo acepto no hacer responsable a Camp Auxilium y/o Salesian Sisters y/o la Diocesis de Monterey, a sus líderes, empleados y voluntarios por daños, perdidas, enfermedades o lesiones incurridas por el sujeto de este formulario. Por este medio asumo completa responsabilidad de gastos hospitalarios, honorarios profesionales y cualquier otro gasto médico que no sea cubierto por el seguro de accidentes del campamento.

Firma de Padre/Madre/Tutor: ____Fecha: _________________________

Firma de la Joven (si tiene más de 18 años) __________________________Fecha:_________________________

PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM

(ONLY TO BE FILLED OUT IF YOUR DAUGHTER WILL BE STAYING DURING SATURDAYS OF CAMP)

Name of Camper/Counselor (PRINT): _____

First ***Last***

To the parent/legal guardian: This is an agreement releasing Camp Auxilium from any claims that the parents/legal guardians may have against the camp before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor should the need arise.

This agreement releases the Daughters of Mary Help of Christians a.k.a. Salesian Sisters, Camp Auxilium, the Corporation of Mary Help of Christians Youth Center, its employees and agents, Salesian School, its employees and agents, and the Roman Catholic Bishop of Monterey, CA, a Corporation Sole, the Diocese of Monterey, CA, a Corporation Sole, the Diocese of Monterey Education and Welfare Corporation a.k.a. Diocese of Monterey, its document, from any claims that the parent/guardian may have against the Salesian Sisters/Diocese.

Below please find a brief description of the activity/event:

Activity/Event: _____**Play at the beach**_____

Location of activity/event: _____**Camp St. Francis /La Selva Beach**_____

Date of activity/event: _____ **Saturdays of Camp Season**_____

I _____, parent/legal guardian of

(Print name of parent/legal guardian)

_____

(Print name of child/Counselor)

hereby give my permissions for my child to participate in the youth activity named above. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the chaperones, camp or religious personnel responsible for the above mentioned youth activity.

In exchange for permitting my child to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or to my child against the Salesian Sisters/Diocese, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance Salesian Sisters/Diocese and its officers, agents, employees, from any and all liability relating to the above named activity/event.

I agree and understand that transportation may be provided in such form and at the discretion of the Salesian Sisters/Diocese. My child is physically fit and capable of participation in this event.

I authorize a representative of the Salesian Sisters/Diocese into whose care the above named minor has been entrusted to consent to and permit any and all necessary medical services for my child to be rendered to her under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the California Medical Practice Act, or to consent to and permit any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. If medical services are deemed required for my child, I hereby give permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child, Salesian Sisters/Diocese will not be responsible for any medical expenses.

It is understood that this authorization is given to provide authority and power on the part of the above mentioned representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above and named minor pursuant to the provisions of Family Code, section 2910 to surrender physical custody of such minor to the above mentioned representative upon completion of treatment. This authorization is given pursuant to Health and Safety Code, section 1283.

This authorization shall be in effect during all times that my child is under the supervision of Salesian Sisters/Diocese for the above mentioned activity/event and shall remain effective until the minor returns from the activity/event and is no longer under the supervision of the Salesian Sisters/Diocese.

This waiver and release form is signed in order to participate in the above named event for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child and she is aware of and understands the importance of following all rules set out by the supervisor(s)

Child's name _____ **Date of birth** _____

Mother's name_____ **Phone/cell** _____

Father's name _____ **Phone/cell** _____

Home phone _____

Allergies (foods, medications, insects…)

_____

_____

_____

Medications taken_____

_____

Insurance Carrier_____

Name of parent/legal guardian (PRINT) _____

Signature of parent/legal guardian _____

Date: _____