

Name of Camper: _____ Session: _____



CAMP OLIVER POLICY AGREEMENT & CONSENT FORM

GENERAL SERVICES

I give my permission to the Camp Director and/or appointed staff to provide my child with emergency medical services, routine health care, administer medications, transportation to overnights and/or hiking trails, housing and meals associated with my child's registration as a camper. I agree that in the event that my child needs any of these services or medical treatments from any other source other than that provided or approved by the Camp Director, I will accept full and complete responsibility. I understand that the Camp Oliver staff is trained in First Aid and CPR, that a Doctor is on call nearby and 911 ambulance services are available.

The nearest hospital is Sharp Grossmont in La Mesa. In case of an illness during camp, campers will be housed in our Health Center for a short period. We will call you if any accidents more severe than a scratch or bruise occur or if your child comes down with a serious illness. If we cannot reach you we will call you emergency contact listed on your camper's Health History Form. In the event that your child is separated from his/her group and cannot be located within 20 minutes, Camp Oliver will contact you.

CONDUCT

I give consent for the Camp Director to apply the following rules of conduct for campers and understand that NOT following the rules may result in a forfeiture of my child's camp privileges—going home early from their session with out a refund.

- Misconduct—including theft, fighting, malicious horseplay, willful destruction of property, or any acts or deed considered an offense under federal, state & local laws /ordinances will not be tolerated.
- Any physical damage to camp or any loss of the items in cabins, i.e. lamps, equipment will be paid for by individuals assigned to the cabin in which the damages or loss occurs.
- Quiet hours and Camp rules will be observed.
- Weapons, alcohol and drugs are prohibited.
- **Electronic devices such as cell phones, ipods, Gameboys, digital cameras, CD players, etc. are PROHIBITED at Camp.**

LOW CHALLENGE COURSE ELEMENTS DISCLOSER

The Camp Oliver Challenge Course involves a variety of activities including warm-ups, games, group initiative problems, low challenge course elements, and possibly other rigorous physical adventure activities. The level of participation in the Camp Oliver Challenge Course is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safe equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk, which must be assumed by each participant.

Parent's Authorization

I, the undersigned parent/person having legal custody/guardianship of the above named minor, here by give permission for the minor to participate in the Camping Programs of Camp Oliver. I have read and understand all of the above statements. I understand that the program includes such activities as the low challenge course elements, long hikes, sleeping outside under the stars, cooking around a campfire, and group discussions. The minor is physically able and mental prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Oliver or the Sisters of Social Service, its directors, agents, employees liable for any injuries incurred during the program whether caused by equipment or the acts of omission of other excepting damage or injury solely caused by the willful misconduct or negligence of Camp Oliver or its employees or agents. In the event that my camper does not arrive at Camp on check in day, I am aware that Camp Oliver will call me to confirm the child's absenteeism.

Signature of Parent/Guardian: _____ Date: _____

Camper Agreement

I have read the above statements and I am willing and able to participate fully in all camp activities (unless otherwise stated in my Health History Form.) I will do my best to work with others and to respect the property of Camp Oliver; its staff and other campers. I understand that failure to live up to this agreement might result in early dismissal from Camp Oliver without a refund.

Camper's Signature: _____ Date: _____

PERSONAL INFORMATION

Mental, Emotional, and Psychological Health

- My camper has an emotional health concern that will impact camp participation Yes No
- My camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
- My camper has a significant life event that continues to affect the camper's life/health Yes No
- My camper uses an individualized learning plan at school Yes No

If "yes" was the answer to any of the four statements above, please attach a statement from your child's professional (e.g., physician, psychiatrist, therapist) that addresses the following with regard to your child's participation at camp:

- a. Describes the concern and the camper's management plan (including medications) while at camp;
- b. Describes behaviors that will indicate to our staff that needs professional referral; and
- c. Provides a recommendation from this professional supporting your child's participation in our camp program.

Disclosure of this information will help to ensure that your camper may have a successful and safe time at Camp Oliver.

Additional Information

- Has the camper ever been to a resident camp before? Yes No
- Can the camper swim? Yes No

- Ethnicity (for statistical reporting only)
- Black/African American
 - Hispanic/Latino
 - White/Caucasian
 - Asian/Pacific Islander
 - Native American.
 - Other

Please provide any additional information about the camper's behavior and physical, emotional, mental health about which the Camp should be aware (e.g. afraid of the dark, wears glasses, etc).

Who is picking up your camper on Friday by 2PM? _____

This form is due two weeks before your child's camp session begins

Please mail to:
CAMP OLIVER
P.O. BOX 206
DESCANSO, CA. 91916