



# CAMPER APPLICATION

P.O. Box 1266 • Orinda CA 94563 www.roughingit.com  
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Office Use
Only
Group:
Bus:
SNeed:
EZcamp:
AR#:

Camper's Name: \_\_\_\_\_

Note: Any of the following information already provided on the Registration Form can be left blank.

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (in Fall if Summer): \_\_\_\_\_

Home Address: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

How did you hear about Roughing It? \_\_\_\_\_ School camper attends: \_\_\_\_\_

# of years at Roughing It (enter NEW for new campers) \_\_\_\_\_ Other camps attended by camper: \_\_\_\_\_

Contact	First Name	Last Name	Business/ Profession	Work Phone with area code	Cell Phone/ Pager with area code	Fax with area code
Parent/ Guardian* 1						
Parent/ Guardian* 2						
Emergency Contact **						
Step-Parent/ Other*						

\*Applicant lives with:  both natural parents  single parent  father/step-mother  mother/step-father  grandparents  other  
If parents are divorced, who has legal custody? \_\_\_\_\_ Who should be contacted during camp? \_\_\_\_\_

## Participant Agreement/Terms and Conditions

- All participants will agree to abide by all Roughing It rules and policies.
- Directors may dismiss a participant from Roughing It at any time.
- Roughing It is NOT responsible for any lost articles of clothing or campers' personal articles.
- Roughing It may use photographs/video of participants for promotion.
- Campers in all summer camp programs must be present at camp each day of the first week of each session they attend.
- Emergency Release:** If participant is a minor, the undersigned parent/guardian agrees that in case of an emergency at Roughing It involving their child, if they are unable to be contacted, the parent/guardian gives permission for staff personnel present to contact the doctor listed or alternative doctor and permit whatever treatment is deemed necessary by the doctor for the emergency.
- For Summer Programs -** It is agreed that the completed Health Form and full tuition will be returned to Roughing It by May 1.
- Refunds -** our refund policy is designed to discourage last minute cancellations and to help families on the waiting list. For summer programs, the fee is refundable minus 10% up to May 1. After May 1 there is no refund unless the space can be filled by another camper. There is no refund for missed days at camp, vacations or if camper is dismissed from camp by the Directors. No refund or adjustment is made, and no prior notice is made, if Roughing It Day Camp changes its program by adding, altering, or deleting activities as deemed necessary by the Director.
- Our camps take place in the outdoors and include activities which are adventurous and challenging. All camp activities contain certain inherent risks. Our purpose for this disclosure is not to cause you undo concern but to inform you of the risks connected with the fun, adventure and challenge of all camp programs.**
- Assumption of Risk and Hold Harmless Agreement -** You as parent/guardian of your child(ren) are aware of the inherent risks of injury, death and property damage involved in camp activities including but not limited to horseback riding, swimming, canoeing, biking, rock climbing, vaulting, etc. You as parent/guardian shall indemnify, defend and hold harmless Roughing It Day Camp and its officers, directors, shareholders, employees, agents, owners of property used/leased by Roughing it and representatives (collectively) against all liability demands, claims, costs, losses, damages, recoveries, settlements incurred by indemnities ("losses") regardless of cause other than gross negligence, known or unknown, arising from your child(ren)'s participation in Roughing It Day Camp activities.
- Choice of Laws/Arbitration of Disputes and Disagreements -** All questions with respect to the construction of this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provisions of the laws of the state of California. Campers and parents accept binding arbitration as the method of resolving any disagreements between the camper parents and Roughing It. Camper parents agree to submit any dispute to an arbitration firm selected by Roughing It for resolution. The basis for resolution shall be this Participant Agreement, the Roughing It brochure, the Roughing It Parent Handbook, and any Roughing It registration forms and materials. Specific written materials provided to the camper family and the applicable laws of the State of California and the United States of America shall be the basis for arbitration of any disputes between Roughing It and the camper parent.

I have read and understand all of the above conditions and having enrolled a camper at Roughing It agree to be bound by them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

▶ Please complete information on reverse side



**Full Disclosure** - While Roughing It is a non-discriminatory program, our staff do not generally possess the more specialized skills necessary to effectively work with children with some special needs and conditions. The decision to accept a camper into a Roughing It program is solely that of the owner/directors and is based on three prerequisites: 1) that the camper will benefit from the Roughing It program; 2) that the camper will NOT detract from other campers' experience; and 3) that the camper will NOT require an inordinate amount of the counselor's time and supervision. Over the years, Roughing It has served many campers with special needs while at the same time ensuring that the Roughing It program is successful for both the special need camper and all other campers attending Roughing It. This success has been possible only with the accurate provision of information and close cooperation of the parent. The following information must be accurately completed for all campers. Any false or misleading information will be grounds for immediate dismissal of the camper from the Roughing It program.

The following information will greatly assist Roughing It in determining a camper's readiness for the camp programs.

**Camper's Name** \_\_\_\_\_

**Statement of Camper's Health History and Well Being**

*(Note: Campers attending programs 2 weeks or longer must complete a health form signed by a licensed physician)*

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Is the camper in good health and able to participate in all camp activities?  Yes  No\*

**Restrictions** (Activity or Dietary): \_\_\_\_\_

*\*If a camper has a known complicating medical problem or has had an operation or serious illness since the last health examination, camper must have written permission from a licensed physician in order to participate in the camp program.*

Is the camper receiving medical treatment or under the care of a psychologist/therapist or physician?  Yes  No

If yes, why? \_\_\_\_\_

Is the camper currently enrolled in a special school/class or social skills class?  Yes  No

If yes, why? \_\_\_\_\_

Does the participant currently take medication?  Yes  No

If yes, what and why \_\_\_\_\_

Will the camper be taking medication at camp?

Yes  No (if Yes, we will send you a "Request for Giving Medication at Camp" form)

**Health History:** Check giving approximate dates

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Sinusitis      | <input type="checkbox"/> Abscessed Ears | <input type="checkbox"/> Whooping Cough     |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Rheumatic Fever       | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Stomach upsets | <input type="checkbox"/> Poliomyelitis      |
| <input type="checkbox"/> Constipation   | <input type="checkbox"/> Kidney Trouble        | <input type="checkbox"/> Bed Wetting    | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Measles            |
| <input type="checkbox"/> Heart Trouble  | <input type="checkbox"/> Convulsions/Seizures  | <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Sleep Walking  | <input type="checkbox"/> A.D.D. or A.D.H.D. |
| <input type="checkbox"/> Chickenpox     | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Depression     | <input type="checkbox"/> Eating Disorder       |   |   |   |

**Immunizations**

- Date \_\_\_\_\_
- \_\_\_\_\_ DPT  
\_\_\_\_\_ Tetanus  
\_\_\_\_\_ Polio  
\_\_\_\_\_ Measles

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Details or information we should know about your child: \_\_\_\_\_

**Please notify the camp if the participant is exposed to any communicable disease.**

**ADDITIONAL CAMPER INFORMATION**

In general terms how has your child's school year been? \_\_\_\_\_

What would you as a parent like your child to gain from camp? \_\_\_\_\_

What would your child especially like to do as a camper at Roughing It? \_\_\_\_\_

**Permission for an Unsupervised Drop-Off**

**Initial if desired:** \_\_\_\_\_ I give permission for an "Unsupervised Drop-Off" for my Camper who is 8 or older.

**Permission to release phone number**

**Initial if desired:** \_\_\_\_\_ My child's name and home phone number may be given to other camper parents upon request.