



APPLICATION FOR ENROLLMENT TO THE BEARPAW PRESERVE LEADERSHIP RETREAT



CAMPER INFORMATION : PARENT/GUARDIAN MUST COMPLETE THIS FORM.

Camper's Full Name (Please Print) _____

Home Address _____

Age _____ Birth date _____ Gender _____ Weight _____ Height _____

Parent/Legal Guardian Name _____ Home # _____

Business # _____ Cell # _____

Parent/Legal Guardian Name _____ Home # _____

Business # _____ Cell # _____

EMERGENCY INFORMATION : IF PARENT/GUARDIAN IS NOT AVAILABLE IN EMERGENCY, NOTIFY THE FOLLOWING.

1. Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

2. Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

MEDICAL INFORMATION : LABELED MEDICATION AND INFORMATION MUST BE SENT TO CAMP WITH CAMPER.

Special Medical Condition/Disease/Limitation _____

Pediatrician/Physician _____ Phone # _____

Health Insurance carrier or plan name _____ Group # _____ ID # _____

Medication #1 _____ Purpose _____ Prescribed Dose _____ Time Given _____

Medication #2 _____ Purpose _____ Prescribed Dose _____ Time Given _____

CAMP GROUND RULES :

I understand that if any of the following ground rules are violated by my child and with reasonable discretion of the Camp Director, she/he will be sent home. (1) No student will be in possession or conduct in the use of tobacco, alcohol, or other drugs. (2) Sexual behavior or excessive displays of affection that detract from group participation is not acceptable or permitted. (3) It is expected that all campers will respect and help maintain the camp grounds and the property and equipment of others. (4) At BearPaw Preserve you will be expected to stay within the set boundaries. (5) While in the preserve closed toed shoes are required! The only exception is when you are in the Oak Knoll Cabin.

I understand and agree that, if circumstances should require my son or daughter to return home from BearPaw Preserve before its conclusion, I will be responsible for all transportation expenses involved.

RELEASE FOR EMERGENCY TREATMENT :

The undersigned, as the parent or parents, or legal guardians, of the named person herein, ("the minor") hereby authorize the OCHRC and its employees, director, and adult volunteers to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray, anesthetic, dental or surgical diagnosed or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction which dental care is sought. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is also understood that if time and circumstances reasonably permit, the OCHRC will make an effort; but is not required, to communicate with me prior to such treatment. The undersigned further understands and agrees that OCHRC shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical or dental care. The undersigned hereby agree to indemnify, defend and hold the OCHRC harmless from any claim made by or on behalf of the minor person or the minor's heirs, parents or guardians arising out of any medical care or dental care provided.

The health history of the named person herein described is correct as far as I know, and the person herein has permission to engage in all prescribed camp activities, except as noted by me on this application.

LIABILITY WAIVER :

I voluntarily agree to allow my child to participate in the BearPaw Preserve Leadership Retreat. I realize that every precaution is taken to eliminate any injuries or hazards and that a competent supervisor is present; however, in the event of any injury to my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for personal property damage which may arise in connection with this program, against the Orange County Human Relations Commission and Council, and all their officers, agents and employees.

LEGAL CONSENT : I HAVE READ AND MY SIGNATURE IS ACCEPTANCE OF THE ABOVE BEARPAW RULES, RELEASE & WAIVER.

Parent/Guardian's Signature _____ Camper's Signature _____ Date _____