



Camp Application Instructions

2017 Camp Dates: Monday, July 31st – Friday August 4th, 2017

This camp is intended for children between the ages of 7 and 11 that are currently in, or have been in the foster care system. More details about our camp can be found on our website at rockharbor.royalfamilykids.org.

- 1. Print out this form and complete all applicable fields.**
- 2. Ensure Application is signed by a Legal Guardian in 3 places:**
 - Medical Authorization
 - Release of Liability
 - Child Pick-up Authorization
- 3. Include the Following With Your Application:**
 - Check for \$15.00 made payable to RockHarbor Church. (No other fees will apply)
 - Copy of Medical Insurance Card (required)
 - Immunization Record (if available)
 - Close-up Photo of Child (head shot preferred)
- 4. Mail Application to:**

Lorae Farmer
2609 E. Locust Ave.
Orange, CA 92867

What Happens Next?

May: Reservation confirmations will be sent.

June: Caregivers will receive detailed instructions on:

- What to bring
- Directions on getting your camper to Rockharbor church for the bus ride to camp
- Exact drop off and pick up times

If you have any questions do not hesitate to reach out to our placement coordinator Lorae Famer at 714-330-6062 or lorae farmer@gmail.com

Person Completing This Form

Name of Person Completing This Form

Relationship To Child

Street Address

City

State

Zip Code

Email Address

Phone Number

Child Information Address & Phone Number Same As Above

Legal First Name

Preferred First Name

Last Name

Date of Birth

Sex

Age

Caregiver Street Address
(if different from above)

City

State

Zip Code

Caregiver Email Address
(if different from above)

Caregiver Phone Number
(if different from above)

Child's Social History

Moved in Foster Care How Many Times? _____

Explain any unusual family circumstances that make camp especially important for the child. For example recent crisis or placement into foster care, severe economic needs, background of abuse, multiple placements, etc.:

	Not At All (x)	Sometimes (x)	Often (x)
Night Terrors			
Bed Wetting			
Biting			
Eating Disorder			
Hyperactive			
Learning Disability			
Lying			
Aggressiveness			
Running Away			
Sexual Acting Out			
Stealing			
Tantrums			
Withdrawn			

Additional Details Regarding Emotional & Behavioral History

Child's Medical History

Physician Name

Physician Phone Number

Insurance Company

Insurance Number

Medical Problems (choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Allergic to Bee Stings | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Musculoskeletal Problems | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergic to Poison Oak | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Allergic to Poison Ivy | <input type="checkbox"/> Hx of Anaphylactic Shock |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Foot Problems |
| <input type="checkbox"/> Leg or Arm Braces | <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Allergic to Insect Bites | |

Medical Problems Details

Learning Disabilities or Physical Limitations

Specific Activities to Be Encouraged

Specific Activities to Be Restricted

Immunization Record

Immunization	Date/Most Recent Booster	Immunization	Date/Most Recent Booster
DTP Series		Measles Vaccine	
Typhoid		Mumps Vaccine	
German Measles (Rubella)		Polio Vaccine	
Tetanus		Small Pox Vaccine	
TB Test			

Child Prescription Drugs

	Drug Name	Dosage	Schedule
Prescription Drug 1			
Prescription Drug 2			
Prescription Drug 3			
Prescription Drug 4			

Authorized Over The Counter Medications

- None
- Lip Balm
- Benadryl
- Cough Syrup
- Ipecac Syrup
- Epi Pen (in case of severe allergic reaction)
- Sunblock
- Rash Ointment
- Antihistamine
- Anti-itch Cream
- Cough Drops
- Insect Repellant
- Tylenol
- Antiseptic Ointment
- Hydrogen Peroxide
- Decongestant

Medical Authorization

I understand that it is my responsibility as caregiver to make sure that all medication instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFK's Camp nurse to administer the prescription medications according to the manufacturer's instructions, or as otherwise specified and the authorized over-the-counter medications from 8-1-16 through 8-5-16. I trust the RFK Camp Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification. The health history that has been provided is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned does hereby authorize the directors of Royal Family KIDS Camp, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is en-route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other.

Name of Caregiver/Legal Guardian

Relationship To Child

Signature

Date Signed

Release of Liability Form

PINE VALLEY BIBLE CAMP AND CONFERENCE CENTER hereinafter referred to as "PVBCC" requires a signature for all attendees of the Camp. Furthermore this form releases PVBCC to photograph and/or use photographs of attendees for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of PVBCC. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend PVBCC and to participate in any PVBCC activity.

Attendee's Name

Attendee's Age

IN CONSIDERATION of attending PVBCC, I acknowledge, appreciate, and agree that:

1. Attendance and Activities at PVBCC may including but are not limited to basketball, swimming, strenuous competition games, paint ball, ropes course, giant swing, night games, Frisbee golf, walking, hiking, volleyball, and other Summer/Winter related sports and activities. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from participation in these activities.
2. I understand that attendance at PVBCC and participation in any PVBCC activities can be physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PINE VALLEY BIBLE CONFERENCE CENTER, their officers, officials, agents and/or employees ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wonton misconduct.
4. I understand and agree that this Release of Liability Agreement covers attendance and each and every activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Caregiver/Legal Guardian

Relationship To Child

Signature

Date Signed

Child Pick-up Authorization

Person Authorized to Pick-up Child After Camp on Friday, August 4th 2017

Relationship To Child

Authorized Pick-up Person Phone Number

Name of Legal Guardian Authorizing Pick-up

Signature of Legal Guardian Authorizing Pick-up By Person Named Above

Date Signed

Optional After-Camp Mentoring Program

Kids who have attended Royal Family Kids Camp can apply for the Royal Family Kids Mentoring Club Program. Club will provide fun times with a matched adult mentor (trained and cleared) for a minimum of 4 hours a month one on one time and a once-a-month group gathering. Club runs throughout the school year. Approved Mentors can help with transportation and there is no fee for participation. Club participation includes a backpack, Club shirt and other Club materials.

If you would like to apply for the Mentoring Club now, please complete a Mentoring Club Application Form which can be downloaded at <http://rockharbor.royalfamilykids.org/clubs-and-mentors> and include it with your application mailing.

You will have another opportunity to submit a Mentoring Club Application following the completion of camp. If you have any questions about the Mentoring Club you can contact the Mentoring Club Director:

Shanley Armstrong
shandel211@gmail.com
714-797-561