



REGISTRATION INSTRUCTIONS

Camp Dates: July 21-27, 2019

Do NOT send this page with your forms!

1. ALL PAYMENTS & ALL FORMS MUST BE RECEIVED NO LATER THAN JULY 1st

- Registration spaces are limited. A \$100 non-refundable deposit holds the Participant's registration spot, if available.
- Checks payable to Camp Wastahi. Credit Card payments accepted via PayPal on www.campwastahi.org.
- JC and CIT applicants **MUST** submit General Registration forms before a JC or CIT application will be considered.
- Camp Wastahi must receive all the Registration Forms and Additional Items (listed below) by July 1, or the Participant may lose their spot at camp.
- Camp fee refunds after July 1 will be made at the discretion of Camp Wastahi, and only for hardship or extreme situations.

2. Registration Forms include:

- **General Registration** (four pages)
- **Health Information** (five pages)
 - *This portion must be completed by the Parent/Guardian of the Participant (if under the age of 18) for every camp year. You may **not** resubmit forms from a prior year. If there are any additional health or nutrition concerns, please attach an additional page(s). Please update Camp Wastahi if there are any health changes after the forms are submitted, but prior to camp.*
- **Physician Form** (two pages)
 - *This portion must be completed, signed/stamped and dated by a medical professional. "Medical Professionals" recognized by Camp Wastahi to perform this exam include: Physicians (MD, DO), Nurse Practitioners, and Physician's Assistants.*
 - *The participant must have had a physical within 24 months of July 1, 2019.*
 - *If there have been changes in health since previous exam, a new physical is required.*
 - *Provider may use own form, if available.*

3. Additional Items:

- **Medical Insurance Card**
 - *A photo copy or PDF of the front and back of the insurance card is required. You will **NOT** qualify for the early forms' submission discount if the insurance card copy is not provided.*
- **Vaccination / Immunization Records**
 - *A photo copy or PDF of the participant's vaccination/immunization records is required, unless your child is exempt for medical reasons, and then a doctor's exemption certificate is required. You will **NOT** qualify for the early forms' submission discount if the immunization records copy is not provided.*

4. Financial Aid: Contact us via email (water.stars.hills@gmail.com) if are interested in donating or would like support.

*** It is Applicant's responsibility to provide forms for resubmittal.** Camp Wastahi is not responsible for retaining and resubmitting any forms from prior years. Any re-use of forms must be approved by Camp Wastahi Directors.

-- KEEP A COPY OF THE COMPLETED FORMs FOR YOUR RECORDs --



2019 WASTAHI REGISTRATION FORM

Camp Dates: July 21-27, 2019

CAMPER INFORMATION:

Returning Camper? Yes No

Camper's Full Name _____ Male Female Age at Camp _____
Last, First

"Camp Name" _____ Birth Date ____/____/____ Grade in Fall _____

Camper's Address _____
Street City, State, ZIP

Parent / Guardian Preferred Contact: _____ Phone (____) _____ Relationship _____
Name

Contact Email _____

Alternate Contact: _____ Phone (____) _____ Relationship _____
Name

How did you find us? Web Search Camp Channel Facebook Advertisement I went as a child
 Referral (associated camper's name): _____

Cabin Mate(s) of Choice (optional) _____
For campers only: Must be same gender and age within one year. No guarantees on cabin mates.

CAMP APPAREL: One (1) Camp Wastahi T-shirt is provided for each camper

T-Shirt Size: (Please circle) Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult XXL

TRAVEL INFORMATION:

Bus travel departs from/returns to the San Jose Municipal Rose Garden on Garden Dr. at Naglee Ave. For camper safety, the camper's guardian **must** sign in/out camper with director at bus site or campsite sign in area. ID may be required. Details are provided in the camp information package sent in June. **\$10 bus fee** covers round trip or one way (non-refundable).

TRAVEL PREFERENCE - **TO CAMP** BUS ****space limited**** PREFER TO DRIVE
TRAVEL PREFERENCE - **FROM CAMP** BUS ****space limited**** PREFER TO DRIVE

NOTE: If the camper will be transported to/from camp other than by a guardian, please supply identification information here. Should the information change, please inform us prior to the camp session.

Name: _____ will Drop Off Pick up this registered camper.

Relationship: _____ Phone: (____) _____ Email: _____

REGISTRATION FEES:

Please select what program you are enrolling in:

- | | | | |
|---|---|-------|--------------------------------|
| <input type="checkbox"/> Young Camper | (Ages 6-10) | \$580 | Age as of July 22, 2019 |
| <input type="checkbox"/> Camper | (Ages 11-16) | \$610 | |
| <input type="checkbox"/> Junior Counselor (JC)* | (10 th grade in fall) | \$600 | |
| <input type="checkbox"/> Counselor in Training (CIT)* | (11 th & 12 th grade in fall) | \$590 | |

*Potential JCs and CITs must complete a separate application and an interview along with registration. Applications are due by April 15, 2019 – Space is limited. They will be contacted by the Junior Staff Director for interview within 2 weeks of receiving the application.

PAYMENT WORKSHEET:

Camper price: (6-10yrs = \$580; 11-15yrs = \$610; JC = \$600; CIT = \$590): _____

Bus fee (round trip or one way; non-refundable) = + \$10 + _____

Gluten-free diet (unless 6 days of food is provided) = + \$60 + _____

Discounts: (All discounts applied must be approved by camp office.)

Early File Discount** = -\$30 (**All forms RECEIVED & COMPLETE by April 30, 2019**): - _____

Early Payment Discount = -\$10 (**Camp tuition paid in full (received) by April 30, 2019**): - _____

Young Camper Referral discount = -\$20 (Referred camper age 6-9, must attend camp 2019): - _____

Non-Sibling. Referred camper must pay full price.

Referred Camper Name(s): _____

Sibling discount = -\$20 (One sibling pays full rate, discount applicable to each additional sibling): - _____

Dishie discount = -\$40 (Ages 10+. Child agrees to help with dishwashing for every meal at camp): - _____

TOTAL DISCOUNT APPLIED: - _____

Additional Donation (optional): + _____

Thank you for your support! Donations are tax deductible, receipt available upon request.
All donations help fund camperships and program supplies:

TOTAL PAYMENT: _____

- **EARLY FILE** requires:
1. Registration Form
 2. Health Information Form
 3. Physician's Form
 4. Insurance Card copy
 5. Immunization Records copy

Camper’s Code of Conduct

Camp Wastahi strives to create a safe and caring community. We want all campers to feel welcome and accepted.

- 1. I will be respectful to everyone at camp. I will not swear or speak disrespectfully of or to other campers or staff.
- 2. I will be respectful of Camp Wastahi by keeping my personal area and cabin clean. I will participate in camp clean up and understand that I will be asked to perform chores around camp. I will not litter!!
- 3. I will respect the property of the camp and of others.
- 4. I will ask for permission before leaving my cabin or an activity and will always travel with a buddy for my safety.
- 5. I will dress in appropriate clothing for camp. Logos depicting violence, foul language, alcohol, etc. are not permitted.

Closed-toed shoes will be worn at camp.

- 6. I will not bring electronic equipment to camp (iPad, Kindles, cell phones, video games, etc.). *If these items are brought to camp, they will be held by the Camp Director and returned at the end of camp. Camp Wastahi is not responsible for the damage, destruction or loss of such items.*
- 7. I will not bring alcohol, drugs, tobacco, weapons or fire-producing devices to camp. *Possession or use of these items is cause for immediate dismissal with **NO** refund of camp tuition.**

** Legal Note: To ensure the safety of all attendees at camp, if presented with reasonable suspicion of possession of items listed in #7 of this Code of Conduct, Camp Wastahi reserves the right to search a camper’s bag for items detailed in #7. Parent/guardian will be informed prior to search. Camp staff or local authorities will perform search. Subject to “Release Agreements” detailed on page 4 of this Registration Form.*

- 8. I will follow safety instructions and remain in areas designated by staff.
- 9. I will inform my counselor of any personal conflicts that may jeopardize my enjoyment or safety at Camp Wastahi. I will voice my concerns for others as well.
- 10. I understand my behavior can affect the experience of other campers. If I do not follow these guidelines or my behavior is inappropriate, I may be asked to leave camp with **NO** refund of camp tuition.

Please review the above guidelines with your child before attending camp. Campers who disregard these guidelines will be dismissed from camp. In the event of dismissal, it will be the responsibility of the parent/guardian to make transportation arrangements for their child from camp and there shall be no refund of any part of the camp fees.

Camper’s name (please print)

Camper’s Signature

Date

Guardian’s name (please print)

Guardian’s Signature

Date

Release Agreements

Talent / Media Release

I hereby assign and grant Camp Wastahi, Inc. the right and permission to use and publish the photographs, film, video, electronic representations and/or sound recordings made of the Camper by Camp Wastahi. I hereby release Camp Wastahi, Inc. from all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Camp Wastahi, Inc., and I specifically waive any right to any compensation I may have for any of the foregoing.

I agree I do not agree

Parent/Guardian Initial Date

Parental/Guardian Informed Consent

I understand that participation in Camp Wastahi activities involves a certain degree of risk. I have carefully considered the risk involved. The health history submitted is correct, to the best of my knowledge, and the Camper in this Registration Form is in good health, is willing and able, and has permission to engage in all camp activities, unless otherwise listed below. I understand that participation in these activities is entirely voluntary and requires Campers to abide by applicable rules, standards of conduct and follow directions of camp staff.

Without restrictions. With special considerations or restrictions (list below):

Parent/Guardian Initial Date

Hold Harmless Release Agreement

I release Camp Wastahi, Inc., including its board members and officers ("Camp Wastahi, Inc."), and I further release the Camp Wastahi staff, employees, volunteers, any party contracting with Camp Wastahi, or other organizations associated with Camp Wastahi ("Camp Wastahi Affiliates") from any and all claims or liability arising out the Camper's participation in Camp Wastahi. Furthermore, I individually, as parent or legal guardian of the Camper, and, to the extent permitted by law, on behalf of the Camper, expressly assume all risks of injury and/or death associated with, arising out of or related to Camper's participation in Camp Wastahi. I understand that Camp Wastahi, Inc. and Camp Wastahi Affiliates assume no responsibility for the Camper's negligence or willful misconduct, or that of others, and I fully accept responsibility for the Camper's negligence or willful misconduct. I individually, as parent or legal guardian of Camper and, to the extent permitted by law on behalf of Camper, agree not to sue and to defend, indemnify and hold harmless Camp Wastahi, Inc. and Camp Wastahi Affiliates for any loss, damage or injury of Camper arising out of or related to the Camper's participation in Camp Wastahi.

All persons with legal responsibility for Camper agree to this Informed Consent and Hold Harmless/Release Agreement by executing below:

Parent/guardian's name (please print)

Parent/guardian's name (please print)

Parent/guardian's signature

Parent/guardian's signature

Date

Date

~ PLEASE RETAIN A COPY OF THIS ENTIRE DOCUMENT FOR YOUR RECORDS ~



-- KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS --

For the health and safety of your camper, Camp Wastahi always has a Health Care Specialist (LVN or RN) on campus.

Camper Name: _____
Age: _____

PARTICIPANT (CAMPER) PORTION

GENERAL INFORMATION

Camper Name _____ "Camp Name": _____
Date of birth: ____/____/____ Age at camp: _____ Male Female
Address: _____ City: _____
State: _____ Zip code: _____ Phone No. (____) _____
Health insurance company: _____ Policy No.: _____
If you have no health insurance, please check this box

Primary Physician _____ Phone No. (____) _____

EMERGENCY CONTACTS (In case of injury or illness):

Contact #1: (Parent/guardian with legal custody to be contacted in case of illness or injury)

Name _____ Relationship _____
Address: _____
Cell/Home (____) _____ Work (____) _____

Contact #2: (Parent/guardian with legal custody to be contacted in case of illness or injury)

Name _____ Relationship _____
Address: _____
Cell/Home (____) _____ Work (____) _____

Contact #3: (Additional contact in event parent(s)/guardian(s) cannot be reached)

Name _____ Relationship _____
Address: _____
Cell/Home (____) _____ Work (____) _____

(For Camp Use) Cabin Group _____

ALLERGY INFORMATION:

The participant has **NO KNOWN ALLERGIES**

The participant has an **ANAPHYLACTIC ALLERGY** to:
 Food Medicine The Environment Other

Detail the specific allergen, reaction, and medication/action required if exposed. (Attach additional page if needed)

Allergen	Reaction	Medication/Action

The participant has a **NON-ANAPHYLACTIC ALLERGY** to:
 Food Medicine The Environment Other

Detail the specific allergen, reaction, and medication/action required if exposed. (Attach additional page if needed)

Allergen	Reaction	Medication/Action

The participant has **MILD REACTION** to:
 Food Medicine The Environment Other

Detail the specific foods, reaction, and medication/action required if exposed. (Attach additional page if needed)

Cause	Reaction	Medication/Action

Camper Name: _____
Age: _____

(For Camp Use) Cabin Group _____

NUTRITIONAL INFORMATION:

Camp Wastahi prides itself on the quality of its food. Vegetarian options are available for every meal. *For children with other special dietary restrictions (such as gluten free or lactose free products), please send substitute foods (enough for 6 days) to camp for your child labeled with the camper's name or select "gluten free diet" on the Registration Form for an additional fee.*

DIETARY RESTRICTIONS: (check all boxes that apply)

- This person has **NO RESTRICTIONS** This person has **DIETARY ALLERGIES** (as outlined above)
- Does not eat red meat Does not eat pork Does not eat eggs
- Does not eat poultry Does not eat seafood Does not eat dairy products
- Does not eat nuts Does not eat gluten*
- Does not eat other (please indicate) _____
- Is a **PARTICULARLY PICKY EATER** (Please detail foods the camper *WILL ONLY* or *WILL NOT* eat)

**Campers that do not eat gluten have the option of paying an addition \$60 to eat gluten free foods, supplied by camp, similar to the camp meals prepared. This option is offered in the Registration Form on the "Payment Worksheet," page 2.*

IMMUNIZATIONS: (choose one box)

Attach current immunization record to this form.

The following immunizations are recommended by the camp:

Tetanus (Tetanus immunization must have been received within the last 10 years.)

The signature below confirms that:

- This participant’s immunizations are current. See attached Vaccination/Immunization Record
□ This participant is EXEMPT from immunizations. See attached Vaccination Exemption Certificate from a medical doctor

HEALTH HISTORY: Check “Y” of “N” for each statement. Explain “yes” answers below

Has/does the participant...

- 1. Ever been hospitalized? □Y □N
2. Ever had surgery? □Y □N
3. Have recurrent/chronic illness? □Y □N
4. Had a recent infectious disease? □Y □N
5. Had a recent injury? □Y □N
6. Have diabetes? □Y □N
7. Had/has seizures? □Y □N
8. Prone to headaches? □Y □N
9. Had/has fainting or dizziness? □Y □N
10. Have any skin problems? □Y □N
11. Have a history of bedwetting? □Y □N
12. Had/has back or joint problems? □Y □N
13. Had asthma/wheezing/shortness of breath? □Y □N
14. Wears glasses, contacts, or protective eyewear? □Y □N
15. Passed out and/or had chest pain during exercise? □Y □N
16. Had mononucleosis (“mono”) within the last 12 months? □Y □N
17. If female, have problems with menstruation? □Y □N □N/A
18. Have sleep issues (problems falling asleep, insomnia, sleepwalking, apnea, etc.)? □Y □N
19. Have problems with diarrhea/constipation? □Y □N
20. Traveled outside the country in the past 9 months? □Y □N

In the space below explain “Yes” answers, noting the number of the correlating question. For travel outside the country, name countries visited and dates of travel.

Multiple horizontal lines for writing answers to health history questions.

MENTAL, EMOTIONAL, and SOCIAL HEALTH:

Check “Y” or “N” for each statement. Explain “yes” answers, noting the number of the correlating question.

Has the participant:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? □Y □N
2. Ever been treated for emotional/behavioral difficulties or an eating disorder? □Y □N
3. During the last 12 months, seen a professional to address mental/emotional health concerns? □Y □N
4. Had a significant life event that continues to affect the participant’s life? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.) □Y □N

Multiple horizontal lines for writing answers to mental, emotional, and social health questions.

Camper Name: _____
Age: _____

(For Camp Use) Cabin Group _____

MEDICATION

NON-PRESCRIPTION MEDICATION CONSENT: (check all boxes that apply)

Camp Wastahi provides the listed medication below. Under the supervision of the Health Care Specialist, please indicate which medications may be dispensed to your child:

- YES NO Acetaminophen (Tylenol™)
 - YES NO Ibuprofen (Advil/Motrin)
 - YES NO Tums: For upset stomach
 - YES NO Cough drops: For sore throat
 - YES NO Sore throat spray
 - YES NO Calamine lotion
 - YES NO Antibiotic cream (Neosporin)
 - YES NO Aloe Vera
 - YES NO Generic cough syrup
 - OTHER (Please Specify) _____
- YES NO Phenylephrine decongestant (Sudafed PE™)
 - YES NO Pseudoephedrine decongestant (Sudafed™)
 - YES NO Diphenhydramine Antihistamine/ allergy medicine (Benadryl™)
 - YES NO Laxatives for constipation (Ex-Lax)

NONE OF THE ABOVE — if this box is checked, **NO** non-prescription medications will be administered

Special instructions for administering any of the above medications:

PRESCRIPTION and REQUIRED OTC MEDICATIONS

List **ALL** medications currently used below. (If additional space needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. Vitamins and all OTC medications accompanying camper to camp must also be included.

Notice about medications: It is essential to send enough quantity of medications to camp (for seven full days). Prescribed medications must be in their original containers and clearly labeled with the camper's name, dosage, frequency and the name of the prescribing physician. Make sure all medications sent to camp are NOT expired. OTC medications must also be in their original containers with dosage instructions and frequency of administration, especially as to whether medication is taken regularly or on an "as needed" (PRN) basis. Camp medical personnel are not authorized to dispense any medication sent to camp not detailed on this form or without specific instructions.

****Your child SHOULD NOT STOP taking any maintenance medication while at camp****

List Daily medications on next page

This camper **will** take the following medication(s) only **AS NEEDED** while attending Camp Wastahi; List name of medication, amount and when it should be taken (time of day, if applicable):

Camper Name: _____
Age: _____

(For Camp Use) Cabin Group _____

LIST OF MEDICATIONS

- This camper **will not** take any daily medications while attending Camp Wastahi
- This camper **will** take the following daily medication(s) while attending Camp Wastahi:

*** attach additional pages as needed***

Medication	Date Started	Reason for taking	When it is given	Dosage	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		

Camper Name: _____
 Age: _____

What have we forgotten to ask?

Please provide in space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Or anything you would like to us know about your camper, including any special needs/concerns. Attach additional information if needed.

This form is accurate to the best of my knowledge, and I am responsible for any inaccuracies.

I approve the sharing of the information on this form with Camp Wastahi volunteers and professionals who need to know of medical situations that might require special consideration for the safe conduct of camp activities. In case of an emergency involving the Camper, I understand that every effort will be made to contact the individuals listed as the Guardians or Emergency Contact. If none of these persons can be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure treatment, including, but not limited to, hospitalization, anesthesia, surgery, or injections of medication for the Camper. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the Camper, follow-up and communication with the Camper's Guardians, and/or determination of the Camper's ability to continue in the program activities. I agree to be financially responsible for all treatment. I further authorize Camp Wastahi staff to provide routine non-emergency medical care.

X _____ X _____
 Parent/guardian's name (please print) Parent/guardian's signature Date

X _____ X _____
 Parent/guardian's name (please print) Parent/guardian's signature Date