



OVERNIGHT CAMP
REGISTRATION/APPLICATION FORM

Our camp is for boys and girls ages 9 to 13. When you have completed your application, return it to us immediately. If you are waiting to complete the required physical, keep the medical page and return the rest of the application with the exception of the medical page.

Mail completed applications to:

Attn: Jeffrey Aronsky
Smiles are Contagious
16 East 40th Street,
Suite #703
New York, New York 10016

CAMPER FULL NAME: _____

GENDER: (circle one): Male Female

CAMPER DATE OF BIRTH: _____
(camper must be between age of 9 and 13 during camping period)

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN HOME PHONE NUMBER: (____) _____ - _____

PARENT/GUARDIAN CELL PHONE NUMBER: (____)____-_____
PARENT/GUARDIAN EMAIL ADDRESS: _____

EMERGENCY CONTACTS: Who do we contact if the parent or guardian cannot be reached and the child must be returned home due to homesickness, illness or negative behavior? This must be an adult to whom the child can be released if parent or guardian is unable to pick up their child.

CONTACT NAME: _____

CONTACT HOME PHONE NUMBER: (____)____-_____
CONTACT CELL PHONE NUMBER: (____)____-_____

CONTACT RELATIONSHIP: _____

The following person(s) are **NOT** allowed to have any contact with my child at any time. If such individual is a natural parent of the child, provide the name and date of the entry of a Court Order, which authorizes your exclusive custody or prohibits such conduct by said parent.

(PLEASE GIVE NAME AND RELATIONSHIP)

THE FOLLOWING INFORMATION WILL REMAIN CONFIDENTIAL:

Are there any activities that your child should not participate in?

Has there been a stressful change in your family this past year?

How does your child react to new and different surroundings?

Does your child take any medication?

If your child requires medication, then he/she **MUST** have enough medication for ten days. If your child does not have the sufficient amount or the necessary medicine, you will be contacted and/or early pick up may be required. Please include detailed directions for its use and effects and send it with your child in its **ORIGINAL BOTTLE**. This medication will be given to the camp medical staff upon arrival.

Does your child have any special needs, physical limitations, allergies, medical or psychological conditions?

How do you hope the **SMILES ARE CONTAGIOUS** overnight camp will benefit your child?

Signature: _____

Date: _____



OVERNIGHT CAMP **CHECKLIST OF NEEDED ITEMS**

Please keep this page for your records.

- | | |
|---|------------------------------------|
| ___ 1 SET OF SHEETS FOR A SINGLE BED | ___ 7 PAIRS OF SHORTS |
| ___ OR A SLEEPING BAG | ___ 7 SHIRTS (No spaghetti straps) |
| ___ 1 PILLOW WITH PILLOW CASE | ___ 1 PAIRS OF JEANS |
| ___ 1 BLANKET | ___ 7 PAIRS OF SOCKS |
| ___ 2 TOWELS | ___ UNDERWEAR |
| ___ 1 WASH CLOTH | ___ PAJAMAS |
| ___ TOOTHBRUSH | ___ SWIMSUIT |
| ___ TOOTHPASTE | ___ HAIR RUBBER BANDS* |
| ___ BAR OF SOAP | ___ 1 PAIR LONG SHORTS |
| ___ INSECT REPELLANT | ___ 1 PAIR OF SNEAKERS |
| ___ SUNSCREEN | ___ 1 PAIR OF OLD SNEAKERS |
| ___ SHAMPOO/CONDITIONER | ___ PRESCRIPTION MEDICINE |
| ___ BRUSH/COMB | ___ PEN/PENCIL* |
| ___ DISPOSABLE CAMERA* | ___ ENVELOPES & STAMPS* |
| ___ COMBINATION LOCK WITH LONG SHACKLE* | |

*OPTIONAL



DO NOT BRING THE FOLLOWING ITEMS TO CAMP

1. RADIOS, CD PLAYERS, MP3 PLAYERS, OR T.V.S. NO ELECTRONICS
2. ELECTRONIC AND/OR VIDEO GAMES (GAMEBOY, ETC)
3. JEWELRY
4. CURLING IRONS
5. MAKEUP, NAIL POLISH
6. FOOD
7. FISHING POLES AND FISHING GEAR
8. TENNIS AND BASEBALL EQUIPMENT
9. CELL PHONE
10. FLASHLIGHT
11. ANY AEROSOL PRODUCTS
12. SPAGHETTI STRAP TOPS
13. ROLLER SHOES
14. SKIRTS – Active games are played

SPECIAL NOTE:

As you are leaving camp on Saturday, we are preparing for new campers on Sunday. If you have left any items at the camp, they will have to be discarded Sunday morning.



SOME FACTS ABOUT CAMP

The camp is a secure gated facility requiring a code to gain entry.

Campers may not receive any visitors during camp.

Chaperone teams patrol the camp during the night.

Girls and boys cabins are located in separate areas.

All staff on our property has background checks to insure safety of the children.

Cell phones are strictly prohibited to campers. Phones take away from the camping experience.

They will be confiscated and returned at check-out.

Assist your child's transition to camp by allowing sleep-overs to non-family households prior to camp.

Camp is about meeting new people. Campers will be roomed with other like-aged campers for their six-day adventure at camp. It is a better experience for them not to room with friends or neighbors.

We are an active, outdoor camp, so short shorts, skirts, and spaghetti straps are not allowed.

We look forward to your children attending camp!



RULES & REGULATIONS

1. Campers are **never** to touch another camper or staff member for any reason.
 2. Use of bad language or any derogatory remarks at camp is prohibited.
 3. Campers must not take or pick up another's clothes, equipment or belongings. If this happens tell a counselor.
 4. Do not bring any of the following items: blow dryers, curling irons, make-up, any aerosol products, spaghetti strap tops, radios, pocket games (gameboys or PSP's), baseball cards, comic books, pogs, etc.
 5. The following items you are permitted to bring and they should be labeled and packed in a duffel bag:
clothing, bedding, towels, sunscreen, and bathing suit.
 6. Camp is not responsible for any misplaced, lost or stolen items.
 7. A lifejacket and closed toe, rubber soled shoes must be worn at all times while at the lake (NO SANDALS).
 8. Parent, guardian, or authorized person must be present during all sign in and sign out procedures. If you are going home early, a note for early camper departure must be mailed or faxed to the camp office. **PARENTS MUST SIGN CAMPERS OUT IN THE INFIRMARY WHEN PICKING UP FOR EARLY DEPARTURE.**
 9. Parents must drop off and pickup in the Pavilion only. Lunch will be served at noon for any early arrivals. Please remain in the Pavilion.
 10. Campers may not leave the grounds unless they have been signed out and are leaving with an authorized person. Campers are never to go anywhere by themselves.
 11. Campers must attend assigned activities. There is NO SKIPPING.
 12. If camper has a disciplinary problem, he or she will be talked to by the cabin counselor. If the problem persists, the camper will be directed to the tracker or camp director. A parent will be called as a last resort. These steps will be followed depending on the severity of the problem.
- We agree to the above rules and regulations.

CAMPER'S Signature: _____ Date: _____

PARENT'S Signature: _____ Date: _____



CAMPER BEHAVIOR/PARENT AGREEMENT RULE

As the parent of _____ I understand that any disruptive behavior, (i.e. fighting, defiance, unwillingness to participate in daily activities, refusing medication, not eating), constitutes necessity for me, the parent, to pick up my son/daughter in any and all of these circumstances. I understand and will comply with these rules if any of these behavior patterns occur. I understand that it is the parent's responsibility to bring the camper home.

PARENT'S Signature: _____ Date: _____



HEALTH CARE RECOMMENDATIONS
TO BE FILLED OUT BY A LICENSED MEDICAL PERSONNEL

NAME OF CHILD: _____ DOB: _____

AGE: _____ SS#: _____ GENDER: _____

I have examined the above camp participant. Date of last examination:

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

Recommendations and Restrictions at Camp

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Known Allergies (food, medication, or other):

Description of any limitation or restriction on camp activities:

Additional information for health care staff at the camp:

Dietary Restrictions

The following restrictions apply to this individual.

- 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

Other (describe) _____

Please give the most recent dates of immunization for:

<u>Vaccines</u>	<u>Dates: Mo/Yr</u>		<u>Dates: Mo/Yr</u>
DTP	_____	MMR	_____
TD (tetanus/diphtheria)	_____	Haemophilus influenza B	_____
Tetanus	_____	Hepatitis B	_____
Polio	_____	Varicella(chicken pox)	_____
BCG	_____		

Signature of Licensed Medical Personnel _____

Printed: Title: _____

Address: _____

Phone Number: _____ Date: _____



**FLORIDA ELKS YOUTH CAMP, INC.
SMILES ARE CONTAGIOUS
CAMPER HEALTH HISTORY FORM
TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Please answer all questions below. If you answer YES to any questions, please explain.

General Health History

1. Does your child have any past or current conditions, including injuries, (physical, mental, or psychological) that may affect his or her stay at camp?

2. Are there any activities that your child will not be able to participate in during camp? Please see the Camp Activity List at the bottom of page 6.

3. Please list any medications your child is currently taking, including all over-the counter medications. Please note that all medications your child will be using at camp must be brought in the original, labeled package.

4. Does your child have any problems sleeping (sleep walking, bedwetting, or sleep apnea, etc.)?

5. Has your child traveled outside of the United States in the Past 9 months? Please specify location.

6. Has your child ever been hospitalized?

7. Has your child ever been treated for or diagnosed with Asthma, diabetes, or seizures?

8. Has your child ever been treated for emotional behavioral difficulties or an eating disorder?

9. During the past twelve months, has your child seen a professional to address mental/emotional health concerns?

10. Has your child ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity Disorder (ADHD)?

11. If there is any additional medical information you think is important or that may affect the camper's ability to participate in the camp, please explain below.

Parent or guardian filling out form (please print): _____

Signature: _____

Date: _____



**FLORIDA ELKS YOUTH CAMP, INC. / SMILES ARE CONTAGIOUS
AUTHORIZATION & WAIVER BY PARENT (S) OR LEGAL GUARDIAN (S) OF MINOR CHILD**

Each of the undersigned parent (s) or legal guardian (s) of the minor child named below states as follows:

NAME OF CHILD: _____

SS# _____

I am aware that normal and usual athletic and sports-related activities have certain inherent risks and may cause injury to participants. However, I want my child/ward to participate in the Florida Elks Youth Camp, Inc. Smiles are Contagious (“the Camp”) sponsored lessons, practices, games exhibitions, tournaments, competitions, and other events (“the Activities”), and I give my unqualified permission and consent for my child/ward to participate in the Activities, subject only to any specific limitations noted below.

My child/ward has the necessary skills and is able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer, or announcement relating to the Activities is expressly made a part of this Authorization & Waiver.

I, on behalf of my child/ward hereby indemnify, release, hold harmless, and forever discharge the Camp and it’s agents, employees, officers, directors, affiliated, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my child/ward ever had or may have, arising from or in any way related to my child/ward’s participation in any or the Activities conducted by, on the premises by or at the request of the Camp. The undersigned specifically agrees that either Lake County or Marion County, Florida shall be the appropriate venue to litigate any controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it and that cannot be settled by the parties alone.

The Florida Elks / Smiles are Contagious Youth Camp reserves the right to refuse admission of or limit the activities of a camper with a communicable disease.

I understand that an acute or emergency condition or illness involving my child/ward might arise during my child/ward’s stay at the Camp. In such circumstances, in the event that I am unable to be contacted, I authorize the transportation and treatment of my child/ward if, in the opinion of an attending medical professional or the Camp’s staff, such treatment is warranted, I further hereby give my permission for the Camp’s medical professional to treat the minor daily injuries that my child/ward might receive.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors, and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Camp whether by agreement, by operation of law, or otherwise. This Authorization & Waiver is governed by the laws of the State of Florida and it is intended to be as broad and inclusive as is permitted by those laws. If any provision of this Authorization & Waiver is held invalid or enforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Authorization & Waiver contains the entire agreement between the undersigned and the Camp, and supersedes any prior written or oral agreement between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

PLEASE PRINT:

Medical conditions: My child/ward is subject to the following allergies or medical conditions, and I authorize the Camp to disclose such allergies or medical conditions to a physician in the event my child/ward should require emergency medical care (describe allergies or medical conditions with specificity.): _____

Medications: My child/ward is currently taking the following medications: _____

Medical Insurance Company Name: _____

Medical Insurance Policy Number: _____

(PLEASE ATTACH PHOTOCOPY OF MEDICAL CARD)

Prohibited activities: As a result of the medical conditions described above, or for other reasons, I do Not want my child/ward to engage in any of the following activities (describe with specificity): _____

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver, and I have willingly signed it as my own free act.

PRINTED

Name: _____

Address: _____

Home Phone (_____) _____

Work Phone (_____) _____ Ext _____

Cell Phone (_____) _____

PRINTED

Name: _____

Address: _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____



SIGNATURE: _____

Date: _____

Relationship to child: _____



SIGNATURE: _____

Date: _____

Relationship to child: _____

If the child has two parents or legal guardians, both must fill in the information requested above and sign the Authorization & Waiver.



CHALLENGE COURSE PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

1. I (Please print participant's full name) _____ understand that the Florida Elks / Smiles are Contagious Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.

2. I understand that some, but not all, of the risks may include:

extreme temperature or weather conditions	bruises and/or scrapes to body
risk of falling and/or equipment failure	bee stings or insect bites
emotional distress	heat exhaustion-heat stroke
serious injury	physically difficult conditions

3. I understand that the Florida Elks Youth Camp and Smiles are Contagious operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in. I understand that I will be fully supported in my choice.

4. I understand that the Florida Elks/Smiles are Contagious Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.

5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff and Smiles are Contagious of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.

6. I understand that the Florida Elks Youth Camp and Smiles are Contagious, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family. Should the Florida Elks Youth Camp, Smiles are Contagious, or anyone acting on their behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

8. I HAVE READ, UNDERSTOOD AND ACCEPTED THE CONDITIONS STATED HEREIN AND HEREBY ACCEPT THE CHALLENGE OF THE FLORIDA ELKS YOUTH CAMP ROPES CHALLENGE COURSE PROGRAM.

Participant

Date

Witness/Parent/Legal Guardian

Date



PHOTOGRAPHIC PERMISSION

Camper's Name: (First) _____ (Middle) _____ (Last) _____

The Florida Elks Youth Camp and Smiles are Contagious utilizes photographs and video tapings of campers in their promotional materials.

_____ I hereby give my permission for my child to be photographed or video taped while staying and participating in the activities at the Florida Elks Youth Camp. I also give my permission for those photographs or video tapings to be used without charge by the Florida Elks Youth Camp and Smiles are Contagious in their promotional materials.

_____ I **DO NOT** give my permission for my child to be photographed or video taped by the Florida Elks Youth Camp and Smiles are Contagious in their promotional materials.

Signature

Relationship

Date