



CAMP RAINBOW, INC.
1 Plank Road
Schwenksville, PA 19473

Camp Application 2017

CAMP RAINBOW, INC. COMMITMENT TO CAMP RULES

Our camp operates under our Full Value Contract. A safe, caring environment is created through consistency, clear expectations and personal responsibility. We create this environment in all of our programming by asking each participant, from student to administrator, to: listen to, understand, and agree to our guiding principles. Outlined in our Full Value Contract and instilled through explanation, repetition and practical application. We find that the Full Value Contract contributes to individual and communal success when adapted and practiced. *Practice makes progress.*

Full Value Contract

Safety

Keep each other and ourselves physically and emotionally safe.

Valuing Behaviors

Act and speak in a way that puts people up, not down.

Honest Feedback

Give and receive concrete, thoughtful, honest feedback.

Let it Go!

Know when to let something go and move on.

Challenge by Choice

Each person must take responsibility for their own actions. It is their choice to participate.

Camper Statement: I agree to follow all the rules established by Camp Rainbow. I will conduct myself as a responsible citizen, and in accordance with the Full Value Contract and the camp rules explained to me at the opening session of the program. I agree that if I violate any of these regulations the Camp Director may temporarily restrict my participation in programmed activities, or may choose to send me home immediately at my parents' or guardians' expense, and without refund of registration fees. I allow photographs, videotapes and interviews to be taken during Camp Rainbow, and for any such photographs, videotapes and/or interviews to be published and used by Camp Rainbow, Inc. to illustrate, promote, and advertise the Camp and other programs.

Camper's Signature _____

Parent/Guardian Statement: I request that my son/daughter named above be considered for attendance as a camper at Camp Rainbow for one week this coming summer. I understand the camper registration fee is part of a completed packet, and I have enclosed the appropriate amount. I have read and agree with the above camper statement and rules. I understand fully that if my child violates any of the rules of the Camp that he/she may be sent home, at the sole discretion of the Camp Director, and at my expense. I give permission and consent for my child to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during Camp Rainbow, and for any such photographs, videotapes, and/or interviews to be published and used by Camp Rainbow, Inc. to illustrate, promote, and advertise the Camp and other programs.

Parent/Guardian's Signature _____

Please complete the entire application and return it by mail to Camp Rainbow, Inc. by May 31, 2017. Please be certain to complete one application per child. No application will be accepted unless all portions of the application are completed fully and truthfully. The registration fee must be included with the application.

Omission of any vital medical or pertinent information could possibly result in your child not being accepted or even sent home from camp. Please understand that this information can better prepare our staff to meet your child's needs upon his or her arrival. When camp is in session, it can be very difficult to accommodate unanticipated needs.

Family Last Name: _____ How you heard about camp: _____

Address: _____

City / State / Zip Code: _____

Parent/Guardian #1 Name: _____ Relationship: _____

Parent/Guardian #1 Phone: _____ Email: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Parent/Guardian #2 Phone: _____ Email: _____

CAMPING WEEKS

Dates for 2017 Season	Ages	Please Mark 1 st /2 nd Choice
Sunday, June 25 – Friday, June 30	13 – 14 years old	
Sunday, July 2 – Friday, July 7	11 – 12 years old	
Sunday, July 9 – Friday, July 14	11 – 12 years old	
Sunday, July 16 – Friday, July 21	15 – 16 years old	
Sunday, July 23 – Friday, August 28	7 – 8 years old	
Sunday, July 30 – Friday, August 4	9 – 10 years old	
Sunday, August 6 – Friday, August 11	9 – 10 years old	

REGISTRATION FEE

This registration fee will be based on verifiable participation in the Free or Reduced School Lunch Program. If you are not a participant of the Free or Reduced School Lunch program, the registration fee will be \$100.00; if receiving Reduced School Lunch, \$50.00; if receiving Free School Lunch, \$25.00. Camp Rainbow, Inc will consider this information confidential.

Please check the appropriate box below and complete the TANF form attached. (assists with funding to keep your cost low)

Make checks payable to: **Camp Rainbow, Inc.**

- Free Lunch Received - \$25.00 *** Complete TANF number on next page.
- Reduced Lunch Received - \$50.00 *** Complete TANF number on next page.
- No assistance Received - \$100.00 *** Complete TANF number not required.

Please let us know if your child may need any accommodations during their overnight stay with Camp Rainbow, Inc. This information helps us make the accommodations we need to make in a timely fashion, in order to **help your child have the best week possible.**

MONTGOMERY COUNTY WORKFORCE INVESTMENT BOARD

Participant Application Information

Date: _____

Student Information:

Name:

(Last)

(First)

(Middle)

Date of Birth: _____ Gender: _____ Age: _____

Address (Street): _____

City/State/Zip: _____

Phone: _____

THE BELOW INFORMATION MUST BE PROVIDED:

School Information:

School District: _____

School Name: _____ Grade: _____

Guidance Counselor: _____

Race/Ethnic Origin (optional): (please select one)

_____ African-American

_____ American Indian/Alaskan Native

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic

_____ : Other (_____)

What are your career interests?

Student Signature: _____

Guardian Signature: _____

TANF Case Number #: _____

Camper's Social Security #: _____

CAMP RAINBOW, INC. MEDICAL HISTORY AND RELEASE

In order to provide for a safe and meaningful experience for all our participants, Camp Rainbow, Inc. requires all program participants to submit this medical history and release – to be completed and signed by a parent/guardian. Youth may not be permitted to participate in camp without a current, accurate release on site.

Please be as detailed as possible. Omission of any vital medical or pertinent information could possibly result in your child not being accepted or even sent home from camp. Please understand that this information can better prepare our staff to meet your child's needs upon his or her arrival. When camp is in session, it can be very difficult to accommodate unanticipated needs.

All information will be treated as confidential.

Parental Authorization

I, the undersigned am the parent or legal guardian of this child, with full authority to make and delegate decisions regarding this child's health. All of the health information recorded on this form is correct, and I have not omitted any health information necessary for the proper care of this child. A physician has examined this child and reviewed this child's general health within the past 12 months. I authorize Camp Rainbow, Inc. to provide this child with routine first aid and to administer prescription and non-prescription medications as indicated herein. I authorize Camp Rainbow, Inc. to make medical decisions on behalf of this child, including decisions to hospitalize this child, to approve specific medical procedures on behalf of this child, or to transport this child for medical reasons. I understand and agree that any such decisions will be made in consultation with qualified medical personnel if practical, but that the Camp Rainbow, Inc. staff and other agents may make such decisions without the benefit of medical consultation if they find it necessary to do. I authorize Camp Rainbow, Inc. to have access to this child's medical records, and to provide those records to any third parties, as Camp Rainbow, Inc. deems necessary to facilitate the care of this child. I waive any claims, for myself and on behalf of this child, against Camp Rainbow, Inc., and/or its agents, arising in the connection with any of the activities or decisions authorized above. A photocopy of this signed authorization is as binding as the original. My child may participate in an active camp, sporting or Camp program (check one):

_____ Without restrictions _____ With the following restrictions and/or in keeping with the following special instructions:

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

GENERAL INFORMATION

This information is generally requested by medical personnel in case of emergency treatment.

Name of Participant: _____

Date of Birth: _____ Gender: _____ Social Security: _____

Insurance Carrier: _____

Policy Number: _____ Relationship to Insured: _____

Emergency Contact Person (parent/guardian): _____

Phone #1: _____ Phone #2: _____

Emergency Contact Person (other): _____

Phone #1: _____ Phone #2: _____

CAMP RAINBOW, INC. MEDICATION POLICY

For the safety and health of all our participants, all personal medication must be kept in the possession of designated adult leaders or staff, and dispensed under their supervision. As a result, please be aware of the following policies. These policies apply to all participants.

A parent or other adult will turn over medication to designated adults at the beginning of the program or event, and will receive it back from them at the program's end. Medications will not be turned over to minors unless a supervising adult is present.

All medications should be in original bottle or packaging. Please do not send loose or unidentified pills or pills in "daily dose" type sorters. We must be able to identify medication in order to dispense it. We prefer you sent only enough medication for the duration of the event, but it is more important to have properly labeled containers than exact amounts.

Only emergency medications, such as a rescue inhaler or epi-pen, are exempt from this policy. No other medications, prescription or over-the-counter, are to be in participant's possession at any time.

Please be certain we know of any **food or drug allergies** your child has.

Medications, whether prescription or over-the-counter, **will only be dispensed according to prescription/package label.** A signed statement from the parent is required if medication is to be dispensed contrary to the label on the prescription. A statement from the physician is preferred.

Please give **complete and clear instructions** for all medicines, as your instructions will be followed exactly.

All medication will be kept under lock and key at all times. A designated adult leader or program staff member will distribute medication according to necessary dosage schedules. Generally, medications will be dispensed at mealtimes and before bed, unless otherwise directed.

If your minor child refuses a dose, we will call you for direction. We cannot force or coerce any participant to take medication. Please indicate whether your child's medications are to be taken on a routine schedule or only as needed/requested.

Over-the-counter medications will only be given to minor participants with express permission of a parent/guardian. You may approve of certain over-the-counter medications before the program begins, or we will call you for permission as needed.

Please inform us if your child's medication needs to be **refrigerated**, and if it requires a specific temperature range.

If your child requires **injection medications**, such as insulin or others, all needles and syringes, whether used or unused, must remain locked with medications. We cannot dispose of infectious sharps. You are responsible to provide your own sharps container (which we will keep locked for you) and to dispose of it at the end of the camp. Injection medications must be **self-administered** – adult leaders and program staff **may not administer injections** of any kind.

Staff cannot administer medications such as suppositories, or any medication that would require compromising the privacy of a participant. In such cases, a staff member will dispense the appropriate dose, which the participant may then self-administer privately, without supervision.

Any exceptions to this policy must be approved by the Camp Director or the Board of Directors. If you have a need to ask for an exception, please do not hesitate to contact the Camp Director, but understand also that some exceptions may not be granted. While we want your child to participate in our activities, we are not in the medical business, and may deny participation if we feel we cannot adequately provide for the health or safety of all our participants.