



Point Reyes Summer Camp Scholarship Application

FAX OR MAIL TO: Point Reyes Summer Camp
Scholarship Applications
Point Reyes National Seashore Association
1 Bear Valley Road, Bldg 70
Point Reyes Station, CA 94956

fax 415.663.8174
www.ptreyes.org

OFFICE USE ONLY	
Date rec'd	_____
DB	_____
Scholarship Liaison	_____
Prev A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prev S	_____
Prev Y	_____
Award	_____
Session	_____

Instructions for Parent or Guardian

Fax or mail completed scholarship application and the following attachments:

- (1) Copies of 1040 form or other official proof of 2009 household income
- (2) Health History/Emergency Treatment Form
- (3) Parent/Guardian Informed Consent Form
- (4) Statement of Recommendation Form (completed by a teacher, school administrator or youth leader)



DEADLINE: Fax or postmark completed packet on or before March 15, 2010.

Please note: Incomplete or late application packets may not be eligible for consideration.

GENERAL INFORMATION

Child's Name _____ Date of Birth _____ Male Female

Parent/Guardian _____ Daytime Telephone _____

Mailing Address _____ City _____ State _____ Zip _____

Child's School Name _____ Grade Level in Fall _____

Child's Ethnic Group (optional)

- | | |
|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other _____ |

Parent/Guardian Speaks English?

- Yes No

Parent(s) employment status: not currently employed employed full time employed part time

Estimated gross annual family income _____ Total number of people living in home _____

2010 SUMMER CAMP SESSION DATES & AGES

Please number your preferences and provide as many age appropriate options as possible:

- | | |
|---|---------------------------------------|
| ___ June 21-25 (Mon-Fri, ages 9-12) | ___ July 26-29 (Mon-Thur, ages 7-9) |
| ___ June 28-July 2 (Mon-Fri, ages 9-12) | ___ August 1-6 (Sun-Fri, ages 14-16) |
| ___ July 5-9 (Mon-Fri, ages 9-12) | ___ August 9-13 (Mon-Fri, ages 12-14) |
| ___ July 12-16 (Mon-Fri, ages 9-12) | |

TRANSPORTATION I am able to arrange transportation (to and from camp) for my child. Yes No

My signature certifies that all information provided on this application is true, correct and complete.

Signature of Parent or Guardian

Date

*If you have questions or need assistance, contact Julia Clothier, Education Program Director
415.663.1200 x305, edcenterdirector@ptreyes.org*

All information herein is kept strictly confidential and will not be shared with any agency or organization.

Point Reyes Summer Camp 2010

Please submit as part of your Scholarship Application Packet.

The information on this form is not part of the camper acceptance process. It is gathered to assist us in identifying appropriate care. Any changes to this form must be provided to the camp administrative staff upon participant's arrival at camp. Please provide all requested information to assist us in being adequately prepared to care for your child.

Camper name _____ Birth date ___/___/___ Sex ___ Age at camp ___

Street Address _____ Home Phone () _____

City, State, Zip _____

School _____ Grade in Fall 2010 _____

Whom to Notify in Case of Emergency

1. Custodial Parent or Guardian _____

Day phone () _____ Night phone () _____ Cell () _____

2. Second Parent or Guardian _____

Day phone () _____ Night phone () _____ Cell () _____

3. Local Relative or Close Family Friend _____

Day phone () _____ Night phone () _____ Cell () _____

4. Family Friend or Neighbor _____

Day phone () _____ Night phone () _____ Cell () _____

Insurance Information

Is the participant covered by family medical or hospital insurance? Yes No

Insurance Carrier or Plan Name _____ Group # _____

Family Doctor _____ Phone () _____

Required Parent/Guardian Authorizations This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted.

I, the undersigned parent/legal guardian of the above, a minor, do hereby give permission to the medical personnel selected by the Camp Director or designee to order x-rays, routine tests, treatment; to release any records necessary for treatment, referral, billing, or insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the health care providers selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

(REQUIRED) Signature of Parent/Guardian _____ Date _____

Printed Name _____

*If for religious reason, you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

(Optional) I authorize the administrators at Point Reyes Summer Camp to administer Tylenol (or children's Tylenol, if appropriate) in the appropriate dosage for my child's age and weight if they deem necessary.

Signature of Parent/Guardian _____ Date _____

Printed Name _____

Cabin Assignment

If possible, I would prefer my child be placed in the same cabin with _____

We permit one request per child. While we can not guarantee the placement, we will attempt to arrange it.

Comfort Level at Camp

My child has been overnight away from home _____ nights. Please describe (with friends or relatives, overnight camp, school trip, etc) _____

My child has a tendency to experience homesickness yes no not sure

MEDICATIONS Please list all medications (including over-the-counter, prescription drugs, vitamins, etc) taken routinely. If your child has a medical condition or takes any kind of medication, we will contact you prior to camp.

My child takes NO regular medication.

My child takes medication(s) as follows:

Med #1 _____ Dosage _____ Specific time(s) taken each day _____

Reason _____

Med #2 _____ Dosage _____ Specific time(s) taken each day _____

Reason _____

Med #3 _____ Dosage _____ Specific time(s) taken each day _____

Reason _____

List medications taken during the school year that you child may not take during the summer: _____

Health History (Please circle yes or no; provide comments regarding management of condition where applicable)

Yes No 1. Severe Bee Sting Allergies, we require that each child bring 2 sets of beesting kits (Epipen and Benadryl)

Date and severity of last reaction _____

**If your child has minor reactions to bee stings, please bring Benadryl.

Yes No 2. Asthma (Include date of last attack)

Trigger(s) and date of last attack _____

Yes No 3. Heart Condition Comments _____

Yes No 4. Diabetes Comments: _____

Yes No 5. Epilepsy (Include date of last seizure)

Date and severity of last episode _____

Yes No 6. Frequent Severe Headaches or Fainting

Date and severity of last episode _____

Yes No 7. Difficulties with any of the following: Mobility Speech Hearing Vision Bedwetting

Details _____

ALLERGIES List all known.

Medication(s) _____ Describe reaction and management of the reaction.

Food(s) _____

Other (include insect stings, plants, pollen, chemicals, etc) _____

Date of child's last tetanus shot _____ I don't know

Please provide any additional information about your child's overall physical and emotional well-being and/or behavioral tendencies about which the camp administration should be aware. _____

Dietary Restrictions

Does not eat Red Meat Pork Poultry Seafood Eggs Dairy products Other (List _____

Activity Limitations

List and explain any activity restriction(s) your child requires _____

My child will be bringing inhalers. Yes No

My child will be bringing bee sting kits (Anakit or Epipen Jr or similar). Yes No

Jr. Adventure & Adventure Campers Only (12-16 yr olds) If possible, my child would like to borrow the following equipment: 1 sleeping bag backpack sleeping pad other _____

Please Note: We have limited equipment availability and give priority to our scholarship recipients.

Point Reyes Summer Camp
Parent/Guardian Informed Consent Form
Point Reyes National Seashore Association
1 Bear Valley Road, Bldg 70, Point Reyes Station, CA 94956
415.663.1200 x 306 summercamp@ptreyes.org www.ptreyes.org

Child's Name _____

Please return this form as part of your complete Scholarship Application packet.

REFUND POLICY Cancellations due to sickness prior to or during camp are non-refundable.

A refund minus a \$50 processing fee will be issued for cancellations received at least 8 weeks prior to the first day of your scheduled session; 50% refunds will be issued for cancellations received at least 4 weeks prior to the first day of your session. If notification of cancellation is received less than four weeks prior to the first day of your session, no refund will be issued. A \$50 processing fee will be charged for transferring between sessions.

DROP OFF I understand my child is expected to arrive at 10:30 am on the first day. I understand that if a parent/guardian is not the person dropping my child off on arrival day, I am expected to be available by phone should any complications arise for which I must be consulted.

PICK UP I understand that I am expected to pick up my child at 2:00 pm on the final day of camp and that no child can be supervised by the camp after 3:00 pm. Should the Camp Director decide to send my child home for ill health or behavioral issues, I understand I am obliged to pick the child up and there will be no refund issued. In the event that I cannot pick up my child on the last day of camp, I will complete and submit a Transportation Notice that indicates the name of the person(s) I have authorized to pick my child up. (A Transportation Notice is included in the confirmation packet.)

Behavior Expectations/ Conditions for Participation

Point Reyes Summer Camp strives to offer a group experience and opportunities for learning within the boundaries of safety, common sense and the law. We reserve the right to terminate the participation of any camper without refund and without formal hearing when we believe s/he has violated the conditions for participation, has become a hindrance to the group or goals of the program, or threatens the health and well-being of themselves or other members of the camp community.

ABILITY TO ENGAGE IN CAMP ACTIVITIES AND ASSUMPTION OF THE RISK Camp activities, including but not limited to hiking, canoeing, backpacking, sleeping overnight "under the stars," tidepooling, and camp chores, can be physically strenuous and may involve some risk to participants. Point Reyes Summer Camp takes precautions to reduce risk and provide safe, healthy, and enjoyable experiences. I warrant that my child is able to follow directions for all camp activities. I acknowledge that risks from participation in camp activities exist and that there are also risks that may arise from living in a wilderness setting. I have allowed my child to attend camp knowing of these risks and their possible consequences including personal injury.

WAIVER AND RELEASE LIABILITY As parent or guardian of my child, I agree that I will not hold Point Reyes Summer Camp (a program of the Point Reyes National Seashore Association), its employees, officers, directors, agents and contractors liable for any personal injury, property damage, loss or insurance. I agree to release and hold harmless Point Reyes Summer Camp, its employees, officers, directors, agents and contractors from all liability incurred as a result of my child's participation in summer camp and that these terms serve as a release for myself and members of my family.

IN CAMP TRANSPORTATION Point Reyes Summer Camp provides educational activities for children ages 7-16. These activities require that children ride in an 8 or 15-passenger van driven by Point Reyes Summer Camp Staff. I acknowledge that my child will ride in an 8 or 15-passenger van during his/her week at Point Reyes Summer Camp and I agree that my child will participate in any activity that requires him/her to ride in an 8 or 15-passenger van.

PHOTOGRAPHS Point Reyes Summer Camp is granted permission to use any group or individual photographs or photo images taken during a camp session for publicity or promotional purposes.

MEDICATION If my child is bringing any prescription and non-prescription medications or drugs of any kind, including asthma medication, I will list them on the Health History Form. I understand that all medications that my child might need including prescriptions, over-the-counter medication, vitamins, or supplements must arrive at camp in the original container, that camp personnel are legally required to administer the prescription and/or dosage as written and that prescription medications must have a current prescription label attached.

INHALERS & EPIPENS I will bring two sets of all asthma rescue inhalers and/or two Epipens - one for the camper to carry at all times and another for the staff to carry in the field. Often the prescriptions for inhalers and Epipens are located on the medication box so please bring all original packaging. If my child has an inhaler or Epipen prescribed and arrives without them, I understand s/he will not be permitted to check in. I understand medications will be administered by the camp director, camp coordinator, or assistant director when the child is in camp. During backpacking trips or other field-based activities, medications will be administered by the senior naturalist in charge. All medications will be returned to the adult who picks up the child on departure day.

I am the parent/guardian of the child who is under 18 years of age that I am registering for Point Reyes Summer Camp.

Print Name (Parent/Guardian) _____

Signature (Parent/Guardian) _____ Today's Date _____



Point Reyes Summer Camp

Statement of Recommendation Scholarship Application

www.ptreyes.org

INSTRUCTIONS FOR TEACHER, SCHOOL ADMINISTRATOR, OR YOUTH LEADER

The child whose name appears below is applying for a scholarship to attend Point Reyes Summer Camp, a 4- to 6-day residential summer program based out of the Clem Miller Environmental Education Center in Point Reyes National Seashore. Our programs are designed to inspire young people to explore, discover and connect with themselves, each other, and the natural world through nature study, backpacking, and traditional camp activities.

Point Reyes National Seashore Association seeks to award scholarships to a diversity of students who exhibit a special affinity for environmental and/or natural history study. We would appreciate it if you would take a few minutes to provide some information to assist us in determining scholarship eligibility.

PLEASE NOTE: Applicants must fax or postmark completed packets on or before March 15, 2010 and incomplete or late application packets may not be eligible for consideration.

SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name _____

Parent/Guardian's Name _____ Daytime Telephone _____

SECTION TO BE COMPLETED BY TEACHER, SCHOOL ADMINISTRATOR, OR YOUTH LEADER

I have know the applicant for _____ months and in the following capacity: _____

I have seen the applicant exhibit the following interests and/or strengths in environmental or natural history study:

I believe the applicant would benefit from attending Point Reyes Summer Camp in the following ways:

My signature certifies that all information provided on this recommendation is true and correct.

Signature

Date

Print Name

Title

Daytime Telephone

All information herein is kept strictly confidential.