



# 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 (please call to confirm receipt of fax)  
www.ptreyes.org

<b>OFFICE USE ONLY</b>	
Date rec'd	_____
DB	_____
Scholarship Liaison	_____
Prev A?	rYes rNo
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 or W2 form or other documented proof of 2011 household income
- (2) Health History/Emergency Treatment Form
- (3) Parent/Guardian Informed Consent Form
- (4) FOR NEW APPLICANTS ONLY: Statement of Recommendation Form (completed by a teacher, school administrator or youth group leader)



**DEADLINE: Fax or postmark completed packet on or before March 5, 2012.**

**Incomplete or late application packets receive the lowest priority for placement.**

## GENERAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Parent/Guardian \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School Name \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ Age at Camp \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ **Parent/Guardian Speaks English?**

Yes  No

Child's Ethnic Group (optional)

- American Indian/Alaska Native     White/Caucasian  
 Hispanic/Latino     Asian  
 Pacific Islander/Native Hawaiian     Other \_\_\_\_\_  
 African American/Black

**Child's t-shirt size:**  Child S  Child M  Child L  Adult S  Adult M  Adult L  Adult XL

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** \_\_\_\_\_

## 2012 SUMMER CAMP SESSION DATES & AGES

**Please DRAW A LINE through those sessions your child is NOT ABLE TO ATTEND:**

- |                                     |   |
|-------------------------------------|---|
| 1. June 18-22 (Mon-Fri, ages 9-11)  | 5. July 23-27 (Mon-Fri, ages 9-11)        |
| 2. June 25-29 (Mon-Fri, ages 10-12) | 6. July 30-August 4 (Mon-Sat, ages 14-16) |
| 3. July 9-13 (Mon-Fri, ages 12-14)  | 7. August 7-10 (Tue-Fri, ages 7-9)        |
| 4. July 16-20 (Mon-Fri, ages 9-11)  |   |

**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

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

CHILD'S LAST, FIRST NAME \_\_\_\_\_

**Health History/Emergency Treatment Form  
Point Reyes Summer Camp 2012**

Week of Attendance \_\_\_\_\_

**This form must be postmarked or faxed on or before March 5, 2012 (earlier submissions are encouraged)**

Mail to: Health Form, Point Reyes Summer Camp FAX to: 415-663-8174  
PRNSA, 1 Bear Valley Road, Bldg 70 Call 415-663-1200 x 306 to confirm fax was received.  
Point Reyes Station, CA 94956

**THIS FORM IS TO BE COMPLETED BY PARENT/GUARDIAN; NO DOCTOR'S APPOINTMENT IS NECESSARY.**

**If your child has a medical condition or takes prescribed medication, it is likely we will contact you prior to camp.**

*Any changes to the information contained herein must be provided during camp arrival day check-in.*

Camper Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_ Age at Camp \_\_\_  
Street Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade in Fall 2011 \_\_\_\_\_

**POINT REYES SUMMER CAMP REQUIRES A MINIMUM OF FOUR EMERGENCY CONTACTS**

1. Custodial Parent or Guardian \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
2. Second Parent or Guardian or Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
3. Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
4. Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Insurance Carrier & Physician Information**

Is the participant covered by medical insurance?  Yes  No

Insurance Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Required Parent/Guardian Authorization. I certify that this health history is correct and complete. I authorize that my child named herein has my permission to engage in all camp activities except as noted. I, the undersigned parent/legal guardian, do hereby give permission to the medical personnel selected by the Camp Director or designee to order x-rays, tests, and treatment; to release any records necessary for treatment, referral, billing, or insurance purposes; and to provide or arrange any 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 Director or designee to secure and administer treatment, including hospitalization, for my child. I give my permission for this completed form to be photocopied for official camp purposes.

(REQUIRED) Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_

*\*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 Camp Director or designee at Point Reyes Summer Camp to administer Tylenol or dye free children's Tylenol in the appropriate dosage for my child's age and weight if they deem necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_

**Cabin Assignment** (PRSC permits only one friend request per child.)

My child would like to be placed in the same cabin with \_\_\_\_\_  
To reduce cliques and encourage openness, PRSC does not place groups of 4 or more friends in the same cabin.

**Comfort Level at Camp**

My child has been overnight away from home \_\_\_\_\_ nights. Please describe: \_\_\_\_\_

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

CHILD'S LAST, FIRST NAME \_\_\_\_\_

**MEDICATIONS**

Point Reyes Summer Camp staff is permitted to administer only those medications, including prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions, that are contained in original packaging and have current labels attached. We are legally bound to administer prescriptions and dosages exactly as written.

Please list all medications including prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions you would like us to administer to your child during camp.

My child will be taking NO medication while at camp.

My child will be taking/using the following medication(s) at camp:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

**HEALTH HISTORY** Please add additional pages, if necessary.

**circle yes or no**

Yes No **Anaphylactic Reaction** (life-threatening allergic reaction to insect sting, food, chemical, etc)

Children diagnosed with severe allergic reaction/anaphylaxis, must bring 2 allergic reaction kits (Epipen & Benadryl).

Trigger, date and severity of last reaction \_\_\_\_\_

Check here if your child has been prescribed with and will be bringing 2 allergic reaction kits (Epipen & Benadryl).

Yes No **Asthma**

Trigger(s) and date of last attack \_\_\_\_\_

Check here if your child has been prescribed with and will be bringing 2 asthma rescue inhalers.

Yes No **Heart Condition** Details \_\_\_\_\_

Yes No **Diabetes** Details \_\_\_\_\_

Yes No **Epilepsy** Date and severity of last episode \_\_\_\_\_

Yes No **Frequent Severe Headaches, Nose Bleeds, Vomiting or Fainting**

Date and severity of last episode \_\_\_\_\_

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

Details \_\_\_\_\_

**ALLERGIES** List all known.

Allergen \_\_\_\_\_ Describe reaction and management of reaction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot \_\_\_\_\_  Check here if date is not known

**Activity Limitations**

Describe any activity restriction(s) your child will require \_\_\_\_\_

\_\_\_\_\_

**Dietary Restrictions**

My child is not permitted to eat  Red Meat  Pork  Poultry  Seafood  Eggs  Dairy products

Other: \_\_\_\_\_

Please provide any additional information about your child's overall physical, emotional and/or behavioral tendencies about which the camp staff should be aware \_\_\_\_\_

\_\_\_\_\_

**GEAR LOANS FOR ADVENTURE CAMP PROGRAMS ONLY** (age 12-16)

If possible, my child would like to borrow:  sleeping bag  backpack  sleeping pad

NOTE: When gear loan requests are numerous, those of scholarship recipients are given priority.

**Point Reyes Summer Camp**  
**Parent/Guardian Informed Consent Form (Scholarship)**  
**Point Reyes National Seashore Association**

**REFUND & CANCELLATION POLICY** I understand that because scholarship recipients do not receive any monetary award, I am therefore not entitled to any refund. Should I need to cancel my child's participation for any reason, I will provide the Point Reyes Summer Camp Director with advanced notice. Furthermore, I understand that neglecting to provide such notice may prevent my family from receiving PRSC scholarship assistance in the future.

I understand that Point Reyes Summer Camp will reserve the right to unenroll any child whose health concerns are found to be beyond their ability to comfortably manage. In this case, every effort will be made to provide as much advanced notice as possible, and a full refund will be issued.

**ARRIVAL DAY DROP OFF** I understand my child is expected to arrive at 10:00 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.

**DEPARTURE DAY 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 Authorization Form that indicates the name(s) of the person(s) I have authorized to pick my child up. (A Transportation Authorization Form will be included in the confirmation packet.)

**PARTICIPANT CONDUCT & BEHAVIOR EXPECTATIONS**

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, supplements, creams and/or lotions 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** If my child's physician has prescribed an asthma inhaler and/or Epipen for him/her, I will bring two sets of all asthma rescue inhalers and/or two Epipens - one for my child to carry at all times and another for the staff to carry in the field. I understand I must send all original packaging since the prescriptions for inhalers and Epipens are located on the medication box. If my child has an inhaler or Epipen prescribed and arrives without two sets, I understand s/he will may 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 and 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.

**MY CHILD'S NAME** \_\_\_\_\_

*I certify that by signing below I have read and agree to the terms above and that I am the parent/guardian of the child named above who is under 18 years of age and that I am applying for admission to Point Reyes Summer Camp.*

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parent/guardian signature

date



# Point Reyes Summer Camp

## Statement of Recommendation Scholarship Application *required for new applicants only*

[www.ptreyes.org](http://www.ptreyes.org)

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**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 science and/or natural history study. We would appreciate it if you would take a few minutes to provide some information to provide a recommendation for this applicant.

***PLEASE NOTE: Applicants must fax or postmark completed packets on or before March 5, 2012. Incomplete or late application packets receive the lowest priority for placement.***

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**SECTION TO BE COMPLETED BY PARENT OR GUARDIAN**

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

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**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:

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

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**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.