

12th Annual Camp

Peer Camper Name: _____



General Information

| | | | | |
|--------------------------|---|-----|------------------|-------|
| Participant Name | Birth Date | Age | School Attending | Grade |
| Participant Cell Phone # | Participant Email Address (Age 13+ if available – not required) | | | |

Parent/Guardian Information

| | | | | |
|-------------------------|------------------------|------|----------|------------|
| Mother/Guardian's Name | Address | City | Zip Code | Cell Phone |
| Fathers/Guardian's Name | Address | City | Zip Code | Cell Phone |
| Home Phone Number | Guardian Email Address | | | |

Physician Information

| | | |
|--------------------------------|---------|-------|
| Name of Primary Care Physician | Address | Phone |
| Name of Specialist | Address | Phone |
| Name of Dentist | Address | Phone |

Emergency Information

If we cannot locate a parent/legal guardian in an emergency, please list two people that we can contact that can authorize any emergency treatment for your dependent. Insurance information helps facilitate the billing in your absence. Please provide us with your Insurance information in the event of an emergency.

| | | |
|--|----------------------------|---------------------|
| Authorized Name | Relationship | Daytime Phone(s) |
| Authorized Name | Relationship | Daytime Phone(s) |
| Name of Person with Insurance Benefits | Name of Insurance Provider | Policy/Group Number |

Dietary, Medications & Illnesses

Medications, dietary restrictions, allergies and chronic illnesses must be disclosed on application:

Dietary Restrictions: _____
Medications: _____
Dosage/Schedule: _____
Reason for Medication: _____
Prescribing Physician or OTC: _____
Chronic Illness: _____
Disabilities or Other Conditions: Special Notes or Considerations: _____

Peer Camper Name: _____

Allergies

Food Allergies (describe allergy what happens): _____

Medication/Other Allergies (describe allergy what happens): _____

Emergency Form Signature

In the event of any emergency, I authorize contact with and release of Physician and Emergency Information and authorize treatment from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I certify that I am the parent or legal guardian of participant name below; i have read and fully understand the consent for release of medical information and/or emergency medical treatment and do hereby consent voluntarily and without reservation to all activities provided for herein.

Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

Authorized Pick Up Information

Should your participant become ill during Camp, please list four people who you would authorize to pick up your participant from the Program. Please remember to include yourself, spouse, family members, etc. Please note that a photo ID must be presented to the Camp Staff before your minor participant will be released. Participants WILL NOT be released to any person not listed on the Authorization Form.

| | | |
|--------------------------|-----------------------|---------------------------|
| _____ Authorized Name | _____ Relationship | _____ Daytime Phone(s) |
| _____ Authorized Name | _____ Relationship | _____ Daytime Phone(s) |

12th Annual Camp

Peer Camper Name: _____



Enrollment (Please select the sessions your Peer Volunteer will attend):

For typical peers/volunteers ages 3-12, the cost is \$50.00 per week. There is no charge for peers age 13-22.

| | Choose Your Session | | | | Choose Available Days | | | | |
|----------------------|---------------------------------------|------|--------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Session One: | <input type="radio"/> Preschool (3-5) | \$50 | 8:30 AM – 11:30 AM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |
| August 2 – 6 | <input type="radio"/> Age 6-12 | \$50 | 9:00 AM – 2:00 PM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |
| | <input type="radio"/> Age 13-18 | \$0 | 8:30 AM – 1:30 PM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |
| Session Two: | <input type="radio"/> Preschool (3-5) | \$50 | 8:30 AM – 11:30 AM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |
| August 9 – 12 | <input type="radio"/> Age 6-12 | \$50 | 9:00 AM – 2:00 PM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |
| | <input type="radio"/> Age 13-18 | \$0 | 8:30 AM – 1:30 PM | <input type="radio"/> Mon | <input type="radio"/> Tue | <input type="radio"/> Wed | <input type="radio"/> Thu | <input type="radio"/> Fri | |

Camp Orientation

Camper orientation will take place on Sunday, August 1, 2021:

- Age 3-5: Liberty Play Ground - 4:00 pm
- Age 6-12: Liberty Play Ground - 5:15 pm
- Age 13-18: Independence Old Recreation Center - 4:00 pm

Mandatory First Time Peer Training Session:

Training session is required for first time peers who have NOT worked at S.T.A.R. Camp in the past. If you are not able to attend the training, you will not be able to attend camp. Training information will be provided upon acceptance into camp.

Payment

Cash Check (payable to STAR Camp) N/A Other: _____

Payments must be received by **July 1, 2021**. A copy of the campers IEP **MUST** be included with the application. Questions? Please contact the age appropriate camp director listed below.

T-shirt Size: Adult Child XS S M L XL XXL XXXL
 Preschool 2T 3T 4T 5 S

Photograph/Video Release:

I hereby consent to the S.T.A.R Camp and The City of Independence to reproduce photographs or videos of my child for publicity or advertising purposes.

Notice on Medication:

Please be aware that medication CANNOT be administered at STAR camp.

Peer Camper Name: _____

Waiver & Release of Claims

It is expressly agreed that all use of the City of Independence, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence in conjunction with S.T.A.R. Camp including its board members, sponsors, employees, independent contractors, teachers and student aides shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence, S.T.A.R Camp, its board members, sponsors, employees, independent contractors, teachers and student aides shall not be liable for injuries or any damages to me, or my child, or my legal ward, or to any of my property, or my child's property, or my legal ward's property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, their employees, agents, representatives, officials, or Board Members in conjunction with S.T.A.R Camp , its board members, sponsors, employees, independent contractors, teachers and student aides. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release discharge the City of Independence, their employees, officials, agents, board members, assigns and or successors, S.T.A.R Camp, including its board members, sponsors, employees, independent contractors, teachers and student aides assigns and or successors from all such claims, demands, injuries, damages, actions or cause of actions whatsoever.

The undersigned further expressly agree(s) that the foregoing WAIVER & RELEASE OF CLAIMS is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, shall survive the observation, use or participation of the facilities, programs vehicles and equipment by the child/person attending listed below, and that if any provision of this release form, or portion thereof, is held invalid or unenforceable, it is agreed that the balance shall continue in full force and effect.

Enrollment Form Signature

I certify that I am the parent or legal guardian of the attending child/person named below; that I have read and fully understand this Waiver & Release of Claims, and do hereby consent voluntarily and without reservation to its terms.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Send completed information with Camp Registration Fee (if applicable) by July 1, 2021 to:

S.T.A.R. Camp, P.O. Box 41066 Brecksville, OH 44141

Or Email to: starsummercamp2021@gmail.com