

2022 SUMMER DAY CAMP

Participant Information

Name of Participant: _____ Date of Birth: _____

Mailing Address (include city/state): _____ Gender: _____

Parent/Guardian Name: _____ Primary Phone: _____

Parent/Guardian Name: _____ Primary Phone: _____

Other Phone: _____ Work: _____ Email: _____

Let us know what Summer Activities your Child Is Participating In:

- All Summer Day Camps** provided by H.C. Community Center (6/20/22- 7/29/22, Monday – Friday)
or...Select Specific Camps your child would like to attend:
- Science & Engineering Expo Camp (06/20-06/24)** – HALF DAY (11:45am-4pm)
 - Artists and Writers Adventure Camp (06/27-07/01)** – HALF DAY (11:45am-4pm)
 - Photography & Video Maker Camp (07/05-07/08)** *No Camp 07/04* HALF DAY (11:45am-4pm)
 - Baseball & Basketball Camp (07/11-07/15)** – FULL DAY (9am-4pm)
 - Culture & Wellness Camp (07/18-07/22)** – FULL DAY (9am-4pm)
 - Watersheds & Ecology Camp (07/25-07/29)** – FULL DAY (9am-4pm)
- CAMP FEE: \$350 for all 6 weeks OR \$60/week for Half Day Camps AND \$75/week Full Day Camps**
TANF eligible families can contact their Case Worker for Payment Assistance
- T-Shirt Size =** Youth X-SML Youth SML Youth Med Youth Lg Youth X-Lg Adult SML
- Summer Learning Program** provided by HCES (6/13/22 - 7/08/22, Monday – Friday: 8am-11:45am)
FREE program, no cost
- Summer Lunch Program** provided by Karuk Tribe Education Program
FREE program, no cost
(Please note: If your child is NOT participating in the Summer Lunch Program, please send them to Camp with a sack lunch)

Emergency Contact Information

In the event of an emergency, we will always notify the parents/guardians first. Please also list at **least 2** additional contacts in case we are unable to reach you.

Contact Name 1: _____ **Relationship:** _____

Primary Phone: _____ Cell: _____ Work: _____

Contact Name 2: _____ **Relationship:** _____

Primary Phone: _____ Cell: _____ Work: _____

Contact Name 3: _____ **Relationship:** _____

Primary Phone: _____ Cell: _____ Work: _____

RETURN COMPLETED PACKET TO HAPPY CAMP COMMUNITY CENTER

Healthcare Information

This health form is kept confidential and used by our staff (or emergency medical personnel). Every participant needs a completed health form to participate in the 2022 Summer Day Camp. Please fill out this form as completely as possible. Thank you!

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

If yes, Insurance Carrier: _____ **Primary Care Provider:** _____

Group #: _____ **Policy #:** _____

Policy Holder's Name: _____ **Relationship to Participant:** _____

Medi-Cal #: _____

The information provided above is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Allergies

My child does not have any allergies.

My child DOES have allergies. *Fill out section below.*

Participant is allergic to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Insect stings | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Poison Oak | <input type="checkbox"/> Other List allergy. |
| <input type="checkbox"/> Food | |

Describe reaction and treatment:

Other Medical Information:

PARENT CONSENT

Camp Activities & Optional Rafting

My child, _____, has my permission to engage in all Summer Day Camp activities including, but not limited to:

1. Weekly "Field Trips" to Gail Zink Park for activities, games, and water slides – inflatable Slip N Slide & Water Slide
2. Weekly "Field Trips" to River Park, including Old Lions Hall building for walks, obstacle course, activities.
3. Periodic Field Trips to Town Trail (transportation provided)

The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the Summer Day Camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for Summer Day Camp staff to seek medical attention for my child.

Parent/Guardian Signature: _____ **Date:** _____

End of Camp Rafting Trip and Campout **July 26 & 27, 2022*

Please check only ONE box:

Yes, I give my child permission to attend the Overnight Rafting Trip & Campout (July 26-27). I understand that children will be required to wear a lifejacket at all times while in the water, even if they are an experienced swimmer. I further understand I will always be notified prior to a rafting trip where my child will be participating. Transportation will be provided.

No, I do not give my child permission to go. I will not send them to camp on July 26th & 27th

Please circle the size of lifejacket that would best fit your child (guides will confirm best fit at launch site):

Extra-Small Youth Adult-Small Adult-Medium Adult-Large Adult-Extra Large

Other Lifejacket Info: _____

Parent/Guardian: _____ **Date:** _____

Transportation:

Vehicle Transportation:

I give permission for my child to be transported in an approved vehicle during Summer Day Camp for Field Trips (if participating), and in the event of an emergency.

Parent/Guardian: _____ **Date:** _____

Youth Pick-up:

I understand that I must pick up my child at the end of the Camp Day's Activities (**no later than 4:15pm**). If I cannot pick up my child at the specified time, I give permission for the following adults to pick-up my child and will alert the Lead Camp Counselor of this change.

Alternative Pickup Contacts:

The following people are authorized to pickup my child from Camp.

Contact Name 1: _____ Relationship: _____

Primary Phone: _____

Contact Name 2: _____ Relationship: _____

Primary Phone: _____

Contact Name 3: _____ Relationship: _____

Primary Phone: _____

Parent/Guardian: _____ **Date:** _____

Happy Camp Community Center's
SUMMER DAY CAMP
Agreement, Waiver and Release

In consideration of being permitted by Happy Camp Community Action dba Happy Camp Community Center, Happy Camp Union Elementary School District, Happy Camp Community Services District, and their officers and agents, employees and volunteers, to participate in the Summer Day Camp, I hereby waive, release, indemnify and discharge all claims for damages, for personal injury, death, or property damage which I may have, or which may hereafter accrue, because of participation in Summer Day Camp. This release is intended to discharge in advance the Happy Camp Community Action dba Happy Camp Community Center, Happy Camp Union Elementary School District, Happy Camp Community Services District, (its staff and agents) from any and all liability arising out of or connected in any way with my child(ren)'s participation in Summer Day Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that participation involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

PARENTAL CONSENT: I hereby consent that my child _____ may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in Summer Day Camp. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur because of the death, injury or property damage that said minor may sustain while participating in Summer Day Camp.

I have carefully read the waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself, the Happy Camp Community Center, and sign it of my own free will.

Guardian Signature

Date

Guardian Name (please print)

Happy Camp Community Action, Inc.

SUMMER DAY CAMP

Youth Media Release Form

Happy Camp Community Action works on programs that focus on youth involvement and positive development. These programs combine curriculum with hands-on projects designed to benefit youth participants. The goal of the Summer Day Camp is to develop educational projects and hands-on activities for youth in the community, while providing a safe and kind environment for youth to thrive. Through the course of the events that take place, there are opportunities to capture the essence of these programs through photos, videos, and audio recordings. We wish to share our experiences with others so that we may grow the interest in the programs for the years to come.

Release Section

I hereby authorize Happy Camp Community Action, Inc. dba Happy Camp Community Center to use all photographs of me and/or my child in any press release, social media, publication and presentation, including but not limited to annual reports, newsletters, brochures, social media posts, public service announcements or other forms of electronic or print literature, related to the work of the organization.

Name of Participant

Name of Parent or Guardian

Signature of Parent/Guardian

Relationship

Date