



CAMP GIFFORD - CAMPER APPLICATION FORM

Phone: 509-233-2511 Web-site: www.campgifford.org E-mail: campgifford@aol.com



A separate application is required for each camper for each week or session of camp.

Please return your application to the address and person shown in the box to the right. Questions should be directed to the person and/or the phone number to the right



Salvation Army Camp Gifford
Attn: Darlene Phillips
3846 N. Deer Lake Road
Loon Lake, WA 99148
509-233-2511

Camp Gifford is a Christian Camp. Our mission is to use nature and the great outdoors as a setting to share the gospel of Jesus Christ, teach environmental awareness, encourage pro-social behavior and safely provide opportunity to every camper for fun and adventure.

Camper Name:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Age:
Address:	Birth Date: / /	
City	State:	Zip Code:
Phone: ()	Contact:	
You must show two phone numbers		Name of person at this phone number.
Emer. Phone: ()	Contact:	
How did you hear about Camp Gifford:		
Campers are randomly placed in cabins by gender and age. Special housing requests are not available. Thank you!		
T-shirt size: (Circle one - some sizes will run out) Child M Child L, Adult - M L XL XXL		

INSTRUCTIONS FOR FILLING OUT YOUR APPLICATION

- There are **six (6)** parent/guardian **signatures** required at various places on this application. Please read each section carefully and sign the six spaces as directed.
- The Camp Medical Form** must be completely filled out by the parent/guardian or an examining physician/nurse. It is highly recommended that campers receive a physical prior to attending camp. **Shot records must be completely filled out or a copy of shot record attached to application.**
- The USDA section of the application must be filled out and signed.** Check your household income figures against the chart on the back of the application - if you make more than the allowable income you still need to fill out sections 1, 2, 4 (check not applicable) and 5. We do not need your social security number unless you are eligible for a reduced rate (your income is eligible according to the chart). **In order to receive a campership (paying less than full price for camp) the form must be completely filled in according to instructions on the page.** All families requesting reduced fees will be asked to show verification of income at the time of registration.
- Mail or take your **completed** application to the address listed in the box above. Your fee will be determined at the time you bring in your completed application. You can also find out fee information by calling the number listed in the box and telling the Camp Coordinator your monthly income figures. Actual fees are subject to income verification. Please call the Camp Coordinator with any questions.

SCHEDULE OF CAMPS - SUMMER 2010 (Please pick your 1st and 2nd choice.)

DISCOVERY CAMPS (Ages 7-12)

Check only the camp you are applying for: Camp capacity - **114 campers.**

- | | | | |
|--------------------------|---------|------------------|----------------------|
| <input type="checkbox"/> | Camp #1 | June 21 - 25 | "Adventure Week" |
| <input type="checkbox"/> | Camp #2 | June 28 - July 2 | "Holiday Week" |
| <input type="checkbox"/> | Camp #3 | July 5 - 9 | "Mystery Week" |
| <input type="checkbox"/> | Camp #4 | July 12 - 16 | "TV/Movie Week" |
| <input type="checkbox"/> | Camp #5 | July 19 - 23 | "International Week" |
| <input type="checkbox"/> | Camp #6 | July 26 - 30 | "Time Travel Week" |
| <input type="checkbox"/> | Camp #7 | August 2 - 6 | "Surprise Theme" |

Pee Wee Camp capacity - 20 campers max. - Ages 5-6 only

Pee Wee Camp - July 7 - 9 (Ages 5-6 only)

WILDERNESS CAMP (Ages 13-17)

Check only the camp you are applying for: Camp capacity - **14 campers.**

- | | | |
|--------------------------|---|--------------------------------------|
| <input type="checkbox"/> | Teen Camp #1 | June 21 - 25 |
| <input type="checkbox"/> | "WHAM!" | June 28 - July 2 (Worship Arts Camp) |
| | Worship, Holiness And More (expanded to 40 campers) | |
| <input type="checkbox"/> | Teen Camp #2 | July 5 - 9 |
| <input type="checkbox"/> | Teen Camp #3 | July 12 - 16 |
| <input type="checkbox"/> | Teen Camp #4 | July 19 - 23 |
| <input type="checkbox"/> | Teen Camp #5 | July 26 - 30 |
| <input type="checkbox"/> | Teen Camp #6 | August 2 - 6 |

Liability Release Form – Challenge Course, High Ropes, Climbing Tower

Camp Gifford uses Low Ropes, High Ropes and a Climbing Tower with various ages and abilities of campers. Most campers will use the low ropes area while only older campers will make use of the climbing tower and other elements. All campers must have a signed "Release Form" even though they may choose not to actually participate in the events at camp.

Purpose. This document informs the participants and/or legal guardians of specific issues requiring consent during Challenge Course Programs at Camp Gifford at Deer Lake.

Condition. Participant or parent/guardian is required to sign this document to acknowledge understanding and agreement of the content.

Release and Indemnification The undersigned participant or parent/guardian acknowledge that The Salvation Army, as part of its recreational, physical and outdoor educational program at Camp Gifford at Deer Lake, Washington, has created a challenge course designed to enhance the coordination and physical condition of participants. The undersigned persons acknowledge further that The Salvation Army has taken reasonable precautions to assure that its education program will provide a safe experience for participants. The undersigned also acknowledge that the program requires physical exertion and strenuous effort - participants should be physically fit to participate in the program. The undersigned also acknowledge that with particular reference to the climbing tower and high ropes course, participant will be wearing a harness as part of a safety system designed to mitigate injury from any fall.

The undersigned persons acknowledge and agree that neither The Salvation Army nor any facilitator or employee of The Salvation Army shall be held liable for any occurrence in connection with the education programs that may result in injury or other damage to the undersigned participant, and the undersigned further agree to indemnify and hold harmless The Salvation Army and all persons associated with it from any claim by the undersigned participant or his/her family, estate or heirs arising out of participant's enrollment and participation in any recreational or educational program of The Salvation Army.

The undersigned persons further acknowledge that enrollment in The Salvation Army challenge course, recreational or outdoor educational program is entirely voluntary, and that in consideration of being able to enroll and participate in a course, the undersigned persons hereby assume all risks related to the course for any injury or damage to person or property that may result while the undersigned participant is enrolled in the course and the undersigned assume all risks connected with participation in the course, whether foreseen or unforeseen. Please call the Camp Administrator before signing if you have any questions or concerns.

Signatures are required before participant can partake in Challenge Course and/or Low Ropes Program.

_____	_____
Signature of Parent/Guardian	Date

*The form below gives The Salvation Army permission to use images (like photographs or videos) of your camper. Please read it carefully and have your camper and yourself sign it. **You must sign this form in order for your camper to be in their CABIN PHOTO.***

PUBLICATION RELEASE FORM

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and re-use, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness my hand and seal: _____
Camper Signature Date

I hereby certify that I am the parent/legal guardian of the minor child or dependent named above and have executed this release on his/her behalf.

SIGNATURE

Parent or Legal Guardian Date

The Salvation Army Policies & Procedures for Camp Gifford

Parental Contract

Please read through the following carefully and sign the following sheet of paper. Your signature is your promise that you understand our policies and will adhere to them. Any application turned in without this signature will be sent back. This page is yours to keep for reference.

I. COSTS/PAYMENT INFORMATION

- A. The Salvation Army determines the cost for your child to attend Camp Gifford using a sliding **gross** monthly income scale. Therefore, all children receive a price that has been determined as fair for each family's income. If you make above the income guidelines on the summer food program grid (found on the USDA form), please mark N/A. You are not required to fill in any other income information, but your signature is required on the form. You will pay our maximum fee for camp. If you make below the amount on the grid, and are either receiving food stamps, TANF, or medical coupons, please mark the appropriate box and provide a photocopy of proof that you are receiving these benefits. If you make below the amount on the grid, but do not currently receive the above mentioned benefits, please provide a photocopy of a recent pay stub as well as the previous year's W-2 or income tax return. If you cannot provide written proof of your financial situation, you will be expected to pay the maximum amount for Camp Gifford.
- B. All payments for camp must be received **one week before** your child attends Camp Gifford. If you are unable to meet this deadline, you must call to make arrangements. Any payments received after the week deadline must be made in the form of cash or money order.
- C. If you submit payment by check and your check is returned to us by the bank unpaid, your child's spot will be held if you come down to our office in person and pay by cash or money order only. If your child has already attended camp when your check is returned, you will be given a chance to pay by cash or money order by a designated date, and if payment is not received your account will be turned over to a collections agency.

II. CAMP SCHEDULING/AVAILABILITY

- A. Campers are placed according to a first come, first served basis. It is advisable to turn your paperwork in as early as possible to guarantee a spot in the session of your choice. There are a limited number of spaces available, and it is possible that the camp you chose might be closed by the time your application is processed.
- B. No reservations or promises to hold a spot will be made over the phone. Your completed application, submitted with the required deposit, is the only way a spot will be granted and held for your camper.
- C. **We will be strictly adhering to the age requirements for the different camps.** This is necessary for our programs to run as we have designed them with age-appropriate activities for different groups. Please do not ask us to put a child into a different session unless they meet the age requirements for that session. We are not able to make any exceptions. Campers are randomly housed by age and gender. No promises can be made of housing friends or siblings together. Children of the same age may be housed together, but not necessarily!
- D. The Salvation Army reserves the right to cancel sessions that do not fill a minimum number of spaces, or to transfer campers into additional sessions should the need arise. You will be notified if a transfer becomes necessary.

III. CAMPER LUGGAGE & BELONGINGS

- A. **The Salvation Army is not responsible for lost or stolen items belonging to campers.** We will, however, do our best to help you locate these items if we can. ***You should clearly mark all of your child's belongings,*** and under no circumstances should you send items that are of value to you or your child. It is impossible for our staff to be responsible for everything that belongs to every camper attending camp. Children will be responsible for their own belongings while at camp.
- B. Our luggage procedures are as follows: On the trip out to camp, all luggage is loaded onto a bus/van and taken to camp where campers are able to pick up their belongings and move them into their cabins. On the return trip, campers are responsible for making sure that their items are put on the field to be loaded into the bus/van. When the bus/van arrives in town, all items are unloaded where the buses/vans drop off campers. Chaperones monitor the luggage during this time. When parents arrive, they are responsible to help find their child's belongings.

- C. If you find that you are missing any items, or, If you have something that belongs to another camper, please call the Camp Coordinator as soon as possible at 509-233-2511.
- D. The Salvation Army will **not** issue monetary or physical replacements for lost or stolen items. Please know that in signing the Camper Application Paperwork you are acknowledging and agreeing to this and other statements contained in this contract.

IV. CAMPER MEDICATION

- A. All prescription and non-prescription drugs must be checked in at the time of registration. **All medication must be in prescription containers and include a label with your child's name and clear directions for when the medication should be taken, and in what dosage.** If the medication is for use only when the child needs it, please make this clear on the label. **Medications may ONLY be given, by law, as per directed on the prescription container.**
- B. Medications will be administered by the camp nurse daily or as needed. Under no circumstances should any camper be sent to camp with any type of medication in their luggage.

V. LICE PROCEDURES

- A. The Salvation Army advises all parents and guardians to do thorough head lice checks on children before bringing them to registration. If children have been recently treated it is important that our nurse be notified. It is not healthy for children to be treated too frequently with lice shampoo. Please inform the camp if you have recently treated your camper!
- B. Upon arrival at Camp Gifford, **camp staff will check all campers** for head lice. If staff do find head lice, **the camp will treat the camper** and their belongings to enable them to remain at camp while preventing the spread of lice to other campers.
- C. Though the spread of lice after these procedures have been carried out is unlikely, The Salvation Army is not responsible for the spread of head lice to any camper.

VI. COMMENTS OR COMPLAINTS

- A. If you have comments or complaints about your child's experience at Camp Gifford, please direct them to the **Camp Administrator at 509-233-2511, campgifford@aol.com.**
- B. If you have complaints about the registration process or payments, please direct them to the **Camp Coordinator at 509-233-2511.**

VII. DISCIPLINE POLICIES

- A. Camp Gifford staff strives to use positive methods to manage behavior as effectively as possible to maintain order at Camp.
- B. When campers do not respond to our positive methods it sometimes becomes necessary to use time outs and/or have discussion with our Program Staff.
- C. When campers persist in negative behaviors that are either harmful to themselves, others or the general camp atmosphere a call will be made to parents apprising them of the problem and/or the campers are contracted with. ("Contracted" means that a staff member and your child discuss the negative behavior, agree that it will stop, decide on consequences, write it all down on a paper and both sign it.)
- D. Continued or persistent misbehavior will result in a parent/guardian being called to **arrange for their child to be picked up.** At times a single detrimental or dangerous action may result in a child's inability to stay at camp. In such cases they will be held in the office until a ride is arranged to take them home.
- E. Yourself, another parent/guardian, or your emergency contact, must be available to pick up your camper, in case of sickness or misbehavior, for the entire time your minor child is at Camp Gifford. **In sending your child to camp you are agreeing to pick them up at any time that it becomes necessary upon contact by Salvation Army personnel.**

Note: The Salvation Army reserves the right to refuse service to anyone who demonstrates discourteous or inappropriate behavior when speaking with our staff in person or over the phone.

Please sign the page following this form and submit it with your camper application forms. No application will be processed without this signed form. This two-sided page is yours to keep for reference. Thank you.

CAMP GIFFORD EVALUATION FORM

Parents/Guardians - Please fill out completely. This form MUST be attached to your child's application. Thank you.

How did you hear about Camp Gifford? _____

Why does your child want to attend camp? _____

If the Salvation Army did not offer a reduced-price camp would your child be able to attend any camp? YES NO

If your child HAS attended Camp Gifford before please answer the following questions:

We teach our campers all about the importance of making good choices. Looking back over the last year do you think Camp Gifford helped your child in understanding and making better choices?

Yes, definitely helped May have helped I didn't notice I didn't notice any improvement

We also teach campers the importance of good attitudes and obedience at home and school. As a parent/guardian do you feel that Camp's experience helped your child recognize their need to exercise good attitudes and obedience during this past year?

Yes, definitely helped May have helped I didn't notice I didn't notice any improvement

One of our goals as a Christian camp is to teach the children how important they are to God. Did your child accept Jesus into his/her hearts at camp (did they begin or develop a relationship with God?).

Yes No I don't know

Do you feel that your child's relationship with God (or the teaching they received about God) has helped them in a positive way?

Helped May have helped I didn't notice Definitely not

Are there any new programs/activities you would like to see us add at Camp Gifford?

Parents! Did you or your parents attend Camp Gifford as children - or did you work at Camp Gifford? Yes No

If you answered yes we would very much like to hear about your experience. Please give us your address or e-mail address if you would allow us to send you another evaluation with a stamped envelope for return to us. ALL addresses are kept completely confidential. We will have a drawing from all those who respond for a nice Port Authority Sweatshirts embroidered with Camp Gifford's logo. Please write your address (or the address of the adult who attended camp before) below:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

Thank you! With your honest input we are able to continue to improve Camp Gifford year after year. Some information is used to inform potential donors of the benefits of our program. Other information is used to measure our success and evaluate our program. Those parents and grandparents who have attended camp previously can help us determine the long-term significance of our program. If you were helped out by the Salvation Army or by Camp Gifford when you were younger please let us contact you (via mail or e-mail) to get that valuable information from you. Help us ensure the continued improvement of Camp Gifford's program and facility.

God bless!

Summer Food Service Program

CONFIDENTIAL INCOME STATEMENT (For Camps and Enrolled Sites)

1. NAME (First and Last) Name and age of child for whom application is made.	AGE	Ethnic identity You are not required to answer this question (mark one only)	2. Racial Identity You are not required to answer this question. We need this information to be sure everyone receives benefits on a fair basis. (mark one or more)
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native

3. FOSTER CHILD: In certain cases foster children are eligible for benefits regardless of the income of the household in which they reside. If you are applying for a foster child, please list the child's name and the child's monthly personal use income then complete part 6. Complete a separate application for each child. The social security number is not required for foster children.

FOSTER CHILD'S NAME _____ CHILD'S MONTHLY PERSONAL USE INCOME _____

4. BASIC FOOD, TANF, or FDPIR HOUSEHOLDS

If you are now receiving basic food or Temporary Assistance for Needy Families (TANF), or are participating in the Food Distribution Program on Indian Reservations (FDPIR), list your case number and skip part 5. Complete part 6. The social security number not required with one of these numbers.

BASIC FOOD CASE NUMBER _____
 TANF CASE NUMBER _____
 FDPIR CASE NUMBER _____

5. INCOME - Please refer to income guidelines on "Letter to Parents" (on reverse of this paper). If your income is more than this, check not applicable (N/A) and sign in section 6. **Persons checking this box will not qualify for camp scholarships** (a lower camper fee) because of income guidelines. **All others must fill sections 5 and 6 completely.**

NOT APPLICABLE (N/A)

If your income qualifies list the names of EVERYONE living in your household, including yourself. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER YEAR on the same line as his/her name and where it comes from, such as earning, welfare, pensions, or other. If income is received other than monthly use the income conversion chart provided below.

Names of ALL Household Members (children and adults)	Gross ANNUAL Earnings (before deductions)		ANNUAL Welfare Payment, Child Support, Alimony	ANNUAL Payments from Pensions, Retirement, Social Security	Any other ANNUAL income
	JOB 1	JOB 2			

ANNUAL INCOME CONVERSION. Weekly X 52; Every two weeks X 26; Twice a month X 24.

No child will be discriminated against because of race, color, national origin, gender, age, disability, political beliefs, sexual orientation or marital or family status (not all prohibited bases apply to all programs).

TOTAL MONTHLY INCOME: _____

Total Number of Household Members: _____

6. SIGNATURE, SOCIAL SECURITY NUMBER AND ADDRESS: An adult household member must sign the application before it can be approved. If you do not have an S.S. #, check the "I do not have a SS Number" box. If you listed a Basic Food, TANF or FDPIR case number for your child, or are applying for a foster child, a SS number is not needed. Unless directed otherwise, an SS number is necessary for your child to receive a scholarship.

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that officials may verify information; and that deliberate misrepresentation may subject me to persecution under applicable state and federal statutes. I have read the Privacy Act Statement on the reverse side.

	SOCIAL SECURITY NUMBER <input type="checkbox"/> I do not have a SS #	FOR SPONSOR USE ONLY
PRINT FIRST NAME LAST NAME MIDDLE INIT. TELEPHONE NUMBER	SIGNATURE OF ADULT HOUSEHOLD MEMBER DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED, Incomplete Application <input type="checkbox"/> DENIED, Income too high <input type="checkbox"/> DENIED, Other (list reason)
ADDRESS CITY/STATE ZIP	Approving Official Signature Date _____	

SUMMER FOOD SERVICE PROGRAM

Letter to Parents

Dear Parent/Guardian:

Providing nutritious meals to children participating in the Summer Food Service Program is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the cash reimbursement program for meals from the United States Department of Agriculture (USDA). These benefits are very helpful and aid us in providing better service to children.

To assist our program in receiving these funds, please complete, sign, and return the Confidential Income Statement as soon as possible. This information will be kept strictly confidential. Thank you in advance for your support.

Check the chart below. Find your household size. A household is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Now compare your total household income. Total household income is defined as the income each household member got last month before taxes. This includes wages, social security pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases, foster children are eligible for free meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

If your total household income is the same as or less than the amount on the chart or you receive basic food (formerly food stamps), take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children, fill out the Confidential Income Statement using the directions which follow.

If your income is more than this, check "N/A" (part 5) on the Confidential Income Statement, sign it and return. (Complete parts 1,2, and 6. Your social security number is not required.)

If your child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular meals provided at our site, we will make any substitution(s) prescribed by the doctor at no extra charge. Bring the doctor's note that prescribes the alternative foods needed and verifies special meals are needed due to the disability. This applies to food allergies as well.

PROOF OF ELIGIBILITY – The information you provide may be verified at any time. You may be asked to send information to prove your child is eligible to receive free meals.

What must be on the application?	INCOME ELIGIBILITY GUIDELINES SUMMER 2010			
<p><u>For those households not getting basic food (formerly food stamps/TANF/FDPIR:</u></p> <ul style="list-style-type: none"> • Child's Name • Names of all household members • Income by source for all household members • Social security number of the adult household member who signs the application • Signature of adult household member <p><u>For those households receiving basic food (formerly food stamps/TANF/FDPIR:</u></p> <ul style="list-style-type: none"> • Child's name • Basic food, TANF, or FDPIR case number • Signature of adult household member <p><u>For those households with a foster child:</u></p> <ul style="list-style-type: none"> • Child's name • Child's personal use income • Signature of adult household member 	Household size	*Year	**Month	**Week
	1	\$ 20,036	\$ 1,670	\$ 386
	2	\$ 26,955	\$ 2,247	\$ 519
	3	\$ 33,874	\$ 2,823	\$ 652
	4	\$ 40,793	\$ 3,400	\$ 785
	5	\$ 47,712	\$ 3,976	\$ 918
	6	\$ 54,631	\$ 4,553	\$ 1,051
	7	\$ 61,550	\$ 5,130	\$ 1,184
	8	\$ 68,469	\$ 5,706	\$ 1,317
	Each additional family member	+ 6,919	+ 577	+ 134
		<small>* Annualize only for those not having a regular monthly income.</small>		
		<small>** Monthly and weekly income arrived at by dividing annual rate by 12</small>		

The US Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TDD). "USDA is an equal opportunity provider and employer". Thank you for your cooperation.

PRIVACY ACT STATEMENT

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Basic Food, FDPIR or TANF office to determine current certification for Basic Food, FDPIR or TANF benefits, contacting the OSPI employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation, violations of certain Federal, State and local education, health and nutrition programs.

MEDICAL/LIABILITY RELEASE - Parental Statement

I wish to enroll _____ . In signing this application, I agree that after a place has been secured, the camper will remain for said period unless dismissed for breach of camp policy; in event of dismissal, or voluntary withdrawal, there will be no refund of camp fees. If because of illness or accident, withdrawal is made, a "pro rata" refund will be made.

In case of illness, I wish my child held at the camp infirmary or doctors office, and notification sent at once to the phone number and/or address provided on this application. In case of apparent serious sickness, I wish to have my child sent to a hospital and/or to have skilled medical aid called at once, for which I expect to pay the usual charge. I also desire the Camp Director, Nurse, or other Camp Gifford employee to do for my child as he would for his own child.

I understand that all reasonable precautions for health and safety are taken, and participation in all camp activities is at the camper's own risk. I will be responsible for any medical expense incurred by my child.

INSURANCE: Is there any insurance available to pay medical expenses for injuries your child may receive?

Yes No

I GIVE PERMISSION for my child to attend camp. I will not hold The Salvation Army responsible for any accidents that may occur at camp or to and from camp.

SIGNATURE _____ DATE _____
(Parent or Legal Guardian)

If allowed to attend camp I promise to abide by the camp rules and will cooperate with staff. I believe that cooperation between campers and staff is necessary for good camping.

SIGNATURE OF CAMPER _____

AUTHORIZATION FOR CONSENT TO MEDICAL OR DENTAL CARE OF MINOR CHILD

THE UNDERSIGNED, BEING THE _____ AND THE PERSON HAVING
(Relationship to minor)

LEGAL CUSTODY OF _____ A MINOR, BORN ON _____
(Name of Minor) (Date of Birth)

Hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

SIGNATURE _____ DATE _____
(Parent or Legal Guardian)

EMERGENCY CONTACTS – other than primary caregiver (Both contacts must be completely filled in):

NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	
HOME TEL.:		HOME TEL.:	
WORK TEL.:		WORK TEL.:	

RECEIPT OF "NOTICE OF PRIVACY PRACTICES"

I _____, parent or guardian for _____
(Name of Parent/Guardian) (Name of Camper)

Have received The Salvation Army Camp Gifford Notice of Privacy Practices (copy attached to application is yours to keep). I have read and understand my rights and responsibility under the HIPAA, The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. This signed acknowledgment will remain as part of your child's Camp Gifford records.

SIGNATURE _____ DATE _____
(Parent or Legal Guardian)

