



CAMPER & PARENTS AGREEMENT FORM

Wilderness Camp for Deaf Children, Inc.

A NON-PROFIT PUBLIC BENEFIT CORPORATION

P O Box 195, Knightsen, CA 94548

925-625-4874 or 530-470-0413

www.lionswildcamp.org

For office use

Application

Deposit

Health History

Med Card

Camper's last name: _____ First: _____ Middle: _____

Parent's / Guardian's name: _____ First: _____ Middle: _____

Camp is a very exciting and adventurous time. It can also be stressful getting used to living with 8 to 10 other people in a cabin and being away from home. Lions Wilderness Camp for Deaf Children Inc. (LWC) is concerned that care and attention is given to ALL campers as equitably as possible. We work to minimize discipline problems and handle them individually. Your support will help us have a safe and fun time. We ask that both the camper and the parents or guardian read and sign the following together:

The camper AGREES TO abide by the following camp rules at all times:

1. The camper will be considerate of the safety and feelings of others and care for the camp property.
2. If the camper willfully and repeatedly disobeys the rules, he or she will be sent home. The parents or guardian will be notified to come to the camp and take the camper home.
3. The possession of any illegal substance (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Camp Program Director will be grounds for dismissal and the parents or guardian will be contacted to take the camper home.
4. Payment for any damage done to camp property or property of others as a direct result of the camper's behavior will be paid for by the parents or guardian when the child is picked up.

As the responsible Parent or Guardian:

1. I state that the information on the application is accurate to the best of my knowledge, that unless previously indicated, my child is Deaf or Hard of Hearing, and assume all responsibility of the information given.
 2. I fully understand that after reasonable precautions are taken, there are certain hazards connected with the camp environment, and I release the LWC, and its Directors, Agents, and Employees from liability connected with camp activities including loss of clothing and personal items.
 3. I understand LWC does not provide health or accident insurance for campers and that I am responsible for all expenses associated with medical evaluation, treatment and transportation made on my behalf.
 4. I agree to the release for pictures of my child in camp activities to be used for camp promotion purposes.
 5. I authorize my child to be transported in rental and/or private vehicles, as the need arises, to locations off-site for Wilderness Camp activities.
 6. I understand Wilderness Camp does not provide transportation to and from home and the camp. LWC will provide contact information to individuals requesting or offering assistance as authorized below.
- I have transportation for my child, but cannot provide transportation for additional campers.
- I have transportation for my child and can provide transportation for additional campers. I authorize sharing of my contact information for coordination.
- I do not have transportation for my child and will need to coordinate transportation. I authorize sharing of my contact information for coordination.

My child has my permission to participate in the overnight hike. Yes No

I authorize _____ to pick up and transport my child from home to camp and / or return. Children will not be released to anyone other than the Parent or Guardian noted on this form unless authorized.

Parent's or Guardian's Signature _____ Date _____

Camper's Signature _____ Date _____