

Check One: FAMILY CAMP
July 4 - 10, 2010

GENERATIONS CAMP
August 1-7, 2010

Name _____ F M

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Church/City _____

Spouse/Partner's Name (if attending camp) _____ F M

Children's Names (if attending camp)

1. _____ Age at camp _____ Grade - Sept. 2010 _____ F M

2. _____ Age at camp _____ Grade - Sept. 2010 _____ F M

3. _____ Age at camp _____ Grade - Sept. 2010 _____ F M

4. _____ Age at camp _____ Grade - Sept. 2010 _____ F M

Please complete the following:

adults _____ X \$435 = \$ _____

youth 13 to 18 _____ X \$325 = \$ _____

children 3 to 12 _____ X \$265 = \$ _____

children 1 to 2 _____ X \$ 60 = \$ _____

I would like to donate to the scholarship fund
to help others attend camps \$ _____

total due =\$ _____

Send this application, fully completed, to The Bishop's Ranch, Summer Camps, 5297 Westside Road, Healdsburg, CA 95448. A \$50 non-refundable deposit is required to reserve your space at camp. Balance is due two weeks prior to program.

Financial aid is available to those who need it. Send \$50 deposit with the Scholarship Application, available at www.bishop-ranch.org. Check here if you would like one mailed to you.

I would like to pay by check. Amount enclosed \$ _____ Make checks payable to The Bishop's Ranch .

I authorize The Bishop's Ranch to charge my Visa Mastercard for the amount of \$ _____

Name as it appears on the card _____

Card # _____ SVC _____ (3-digit) Exp. Date _____ / _____

Signature _____

Camps offered by the Diocese of California are non-discriminatory in regards to race, color, religion, sex, national origin/ancestry. You will receive an information packet upon registration.

MEDICAL INFORMATION FORM

2010

Diocese of California Intergenerational Camps

Family Members:

Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>
Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>
Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>
Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>
Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>
Name _____	Birthdate _____	F <input type="checkbox"/>	M <input type="checkbox"/>

In case of emergency contact (relative, neighbor, Rector - Bay Area resident, please!):

1. _____ Relationship _____

City _____ Telephone: Day (____) _____ Evening (____) _____

Or

1. _____ Relationship _____

City _____ Telephone: Day (____) _____ Evening (____) _____

Name of physician/health care provider: _____

Address _____ Telephone (____) _____

Insurance Information:

Do you carry medical/hospital insurance? Y N If so, name of insurance co. _____

Procedure authorization phone number (____) _____ Policy # _____

Group number _____ Name of employer _____

Name of insured _____ Social Security # of insured ____-____-____

Please attach a photocopy of both sides of Medical Insurance Identification Card
for each person on this form
(some medical facilities require this before treatment)

Health Information: (Please check any that apply. Indicate which person the check applies to.)

HISTORY

- | | | |
|--|--|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> convulsions | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> emotional disorders | <input type="checkbox"/> constipation |
| <input type="checkbox"/> asthma | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> behavioral problems |
| <input type="checkbox"/> heart problems | <input type="checkbox"/> bed wetting | <input type="checkbox"/> other_____ |

ALLERGIES

- | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> poison oak | <input type="checkbox"/> bee stings | <input type="checkbox"/> hay fever | <input type="checkbox"/> penicillin |
|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|

Any foods or drugs (please list)_____

Any special dietary needs? _____

of vegetarians in family _____, do they eat: poultry? fish? dairy? eggs?

Are any family members currently taking any medication? Y N If so, please indicate who and:

Medication _____ Dosage/Frequency _____ for what? _____

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Any other comments, suggestions or information regarding the participant's health or well being that would assist the camp staff in caring for your family. It is absolutely essential that we are advised of any and all emotional developmental, physical and/or behavioral conditions. All information will be regarded as confidential by the Dean and the Health Care Provider of the camp:

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE

Parent/legal guardian or participant authorization

I hereby give my permission to the physician selected by the Program Dean, Camp Director, or Camp nurse, of camp program held at The Bishop's Ranch, to order X-rays, routine tests and treatment for the health of my child or myself, and in the event I cannot be reached in an emergency, I give my permission to the physician selected to hospitalize, secure treatment for, and to order medication, injections and/or surgery for my child or myself as named above.

Signature of parent/guardian or participant (if 18 years or older)

Date

COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

SUMMER PROGRAM 2010
Must be read and signed before attending Camp

Throughout the duration of the camp I/we agree:

1. to participate in scheduled activities including community chores.
2. to respect the needs and property of others.
3. to use alcohol only at appropriate group gatherings.
4. to care for and respect the physical space of The Bishop's Ranch.

I/we understand that these agreements are designed to make this camp the best and safest event possible for everyone and that if I/we violate any of the agreements the Dean will have the authority to determine appropriate consequences.

I/we have read the above and agree to live by these standards throughout this camp.

participant's signature

print name

date

participant's signature

print name

date

participant's signature

print name

date

participant's signature

print name

date

participant's signature

print name

date

participant's signature

print name

date