

- Check One: Music Camp \$510
 June 28 to July 3
 (entering 4th - 9th grades)
- Sr. High B.R.E.A.D. \$490
 July 18-24
 (entering 10th - Graduating Seniors)
- Jr. High B.R.E.A.D. \$490
 July 25-31
 (entering 7th - 9th grades)

Camper: Last Name _____ First Name _____ F M

Preferred name for nametag _____ T-shirt size (adult sizes) _____ Style: Men's Women's

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ email address _____

Birthdate _____ Camper's age at camp _____ Grade - Sep. '10 _____

Parent/Guardian (please print) _____ Church/City _____

Please complete the following:

Camp Cost \$ _____

Sibling Discount* - \$ _____ Name of sibling _____

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

total due = \$ _____

*There is a \$20 discount for each additional child from the same family.

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.bishopsranch.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 or sexual orientation. You will receive an information packet upon registration.

Camper: Last Name _____ First Name _____ Birth Date _____
Parent/Gaurdian Name _____ Phone # _____

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 _____ |

For Girls: Has started menstruating If not, has been told about it? Yes No

VACCINES (is the camper currently up to date with the following immunizations?)

- | | |
|--|--|
| Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No Yr. _____ | Polio Vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MMR <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphtheria <input type="checkbox"/> Yes <input type="checkbox"/> No |

DISEASES (please check those the camper has had or been immunized against)

- | | | | |
|--------------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella |
|--------------------------------------|----------------------------------|--------------------------------|----------------------------------|

ALLERGIES

- poison oak bee stings hay fever other _____

Any foods or drugs (please list) _____

Any special dietary needs? _____

If a vegetarian does camper eat: poultry? fish? dairy? eggs?

Any specific activities to be restricted? _____

Is the camper currently receiving any medication? Yes No If so, please indicate:

Medication _____ Dosage/Frequency _____ for what? _____

Medication _____ Dosage/Frequency _____ for what? _____

Medication _____ Dosage/Frequency _____ for what? _____

Camper may take Benadryl for allergic reaction? Yes No

Preferred meds for minor aches, pain, injuries: Ibuprofen Acetaminophen Aspirin none

Please Note the Following: Only medication properly prescribed for the camper will be given to the camper. No prescribed medications will be given to the camper unless it is sent in the original prescription bottle or package and clearly labeled with the camper's name and dosage by the pharmacy. Non-prescription medications and vitamins, in their *original packaging*, must be labeled with the camper's name. Do not send a week's supply of medication in a baggy or medication box. Medications will be collected by the Camp Nurse at registration.

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. All information will be regarded as confidential by the Dean and the Health Care Provider of the camp:

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? Yes No 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)

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE
Parent/legal guardian or participant authorization

I give permission to the above-named to attend and participate in camp at The Bishop's Ranch. Furthermore, I hereby grant permission to the camp staff to render preventative, first aid and/or emergency treatment that they deem necessary to my son's / daughter's health and well being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the camp staff to notify the designated emergency contacts (parent/guardian to be first contacted) in the most expeditious manner possible. If said staff is unable to communicate with me, the treatment deemed necessary for my son's / daughter's best interest and well being may be given.

I hereby:

1. Certify that, to the best of my knowledge, the medical information requested is complete and correct.
2. Agree to assume all risk of personal injury arising from participating in the above-indicated camp.
3. Agree not to hold the staff responsible for any injury(s) sustained during participation at camp.
4. Agree not to bring suit against The Bishop's Ranch and/or its staff for any injury sustained.
5. Understand that if necessary, in the judgement of the camp, to use outside medical, surgical, or dental treatment for the camper's health and well being, that all such expenses shall be the responsibility of the parent or legal guardian.
6. Authorize the camp staff to administer medication(s) to my child (as prescribed by his/her physician) as indicated on the health information form.

Signature of parent/guardian

Date

Please initial here if you *do not* want your child's image used. Pictures and video may be taken during the camp. These images may be used to promote the ministry of The Bishop's Ranch on our website and printed material. Camper's names are not released with the images. _____ *initial*

Attach copy of medical card here

COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

SUMMER PROGRAM 2010

Must be read and signed before attending any 2010 Camp

The Bishop's Ranch is a place apart; a place where individuals learn and grow through shared community. In order to make this community welcoming and safe, all participants – campers and staff – will treat each person with respect and dignity and will maintain the integrity of the community through abiding by the agreements below.

Throughout the duration of _____
name and date of camp

I pledge to keep a safe place for the community and to:

- 1) participate in all scheduled activities including community chores, and to
- 2) be in designated spaces, remain on the conference center grounds and remain in my cabin at night.
- 3) To respect the property of others, and care for the physical space of The Bishop's Ranch.
- 4) To respect the needs and feelings of others. I will not use language or make comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
- 5) I will not bring or use alcohol, tobacco* or any illegal drugs or drugs without a prescription, or my parent/guardian will be notified and I will be automatically sent home.
- 6) I will not participate in any sexual or violent behavior, or my parent/guardian will be notified and I will be automatically sent home. I will not bring or carry a weapon.

To support the community at camp, I will speak up when I observe someone breaking the community agreements and will express my concerns with a staff person.

I understand that these agreements make this camp the best and safest event possible for everyone. If I violate any of the agreements the Camp Director will have the authority to determine appropriate consequences. Violation of some of these agreements may effect participation, including staffing, in future programs sponsored by the Diocese of California. Diocesan programs include camps at St. Dorothy's and The Bishop's Ranch as well as Camp St. Andrew's and Camp St. Francis, and weekend programs such as Happening and Nightwatch.

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

participant's signature

print name

date

I agree to support my child in this commitment.

parent/gaurdian signature

print name

date