

CampSHE

Summer Camp 2007 Registration
3001 S. Congress Ave. • Austin, TX 78704
Phone: (512) 619-0954

Thank you for registering your daughter in CampSHE. Please complete and mail the following registration form, along with shot and allergy records, and payment in full before **May 25th, 2007**. Incomplete forms or forms without full payment will not be processed. Space is limited, so register early! For questions, call (512) 619-0954 or email office@campshe.com. Mail your completed registration form, records, and payments to:

CampSHE - St. Edward's University
3001 S. Congress Ave.
Austin, TX 78704

A confirmation email will be sent to you as soon as this form, shot and allergy records, and payment in full are received. Once your registration is confirmed, an important package from CampSHE will arrive for your camper. The package will help her prepare for camp and will include a welcome letter, session itinerary, and a special gift from CampSHE.

The cost of each two-week session is \$400 per girl, which includes a \$75 non-refundable deposit. Register before April 25th and receive a discount of \$50 per session! A limited number of full scholarships are available for girls based on need and financial hardship. If you would like to apply for a scholarship, please contact CampSHE at (512) 619-0954.

Session Selection

Which two-week session(s) would you like to register for (check all that apply)?

Session One May 28th- June 8th
 Session Two June 18th- June 29th
 Session Three July 9th- July 20th

Camper Information

Camper's First Name: _____ Camper's Last Name: _____
Age: _____ Date of Birth (MM/DD/YYYY): _____
Address: _____ City: _____ State: _____ Zip: _____
School: _____ Grade Entering in Fall 2007: 4 5 6 7
Please circle Camper's t-shirt size (adult sizes): XS S M L XL

Parent Information

Mother/Guardian's Name (First & Last): _____
Mother/Guardian's Email (Checked regularly): _____
Employer: _____ Position: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian's Name (First & Last): _____

Father/Guardian's Email (Checked regularly): _____

Employer: _____ Position: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Pick-up Limitations

(Mother, father, and emergency contact listed are assumed unless otherwise notified.)

CIRCLE "YES" next to the person's name if they are permitted to pick up. CIRCLE "NO" if that person is NOT permitted to pick up.

Name: _____ Relationship to Camper: _____ YES or NO

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Reporting Information

The following information is optional and will ONLY be used to assist in obtaining funding and grants. This information will be held confidential.

Camper resides with (select all that apply):

Mother Father Stepfather Stepmother
 Grandparent Aunt/Uncle Foster Parent Other: _____

Annual Household Income: \$ _____ **Circle one:** Single-income household Two-income household

Total People in Household: _____

Please indicate your camper's ethnicity.

African American Caucasian Native American
 Asian American Latin/Hispanic Decline to Respond
 Other: _____

How did you hear about CampSHE? (Circle any that apply):

Flier CampSHE Web site Austin-American Statesman Camp Fair
Parent:Wise TV station Boys & Girls Club Big Brother/Big Sister
GENaustin Latinitas St. Edward's Article AISD Web site
Other: _____

Medical Information

Primary Care Physician: _____ Office Phone Number: _____

Dentist: _____ Office Phone Number: _____

Medical Insurance Co. Name: _____ Policy #: _____ Policy Holder: _____

All known food and/or drug allergies: _____

Any medical conditions or learning disabilities of which we should be aware: _____

*Please include any medical papers necessary in case of emergency.***Camper's Medication Form***(Medication cannot be distributed by CampSHE staff without a signed medication form. Medication must be provided by the parent/guardian in original packaging (includes Tylenol, inhalers, etc.)*

	Name of medication	Time to be taken	Dosage	Special Instructions
1				
2				
3				

Signed: _____ (Parent or Guardian)

Special Precautions/Other: _____

Emergency Contact

During the hours that CampSHE is in session, I _____, can be reached at _____ (phone). If I can not be reached in the event of an emergency, the following adults are authorized to act in my behalf:

Name: _____ Relationship to girl: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to girl: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If neither the authorized persons designated above nor I can be reached in the event of an emergency, I authorize the adults in charge at CampSHE to contact the physician listed above at my expense for whatever treatment the attending physician recommends. I have notified CampSHE of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital, and I authorize any qualified person or medical personnel to render necessary emergency medical care for my daughter/ward.

Signed: _____ (Parent or Guardian)

Camp Payment

The cost of a two-week session is \$400 per girl, which includes a \$75 non-refundable deposit. Registration completed before April 25th receives a \$50 discount.

Enclosed amount: \$ _____

Please make check or money order payable to CampSHE. Reminder: This form, shot and allergy records, and payment in full must be submitted BEFORE a camper can be enrolled in a CampSHE session.

Donate to CampSHE

CampSHE is a non-profit subsidiary of St. Edward's University and relies on the generosity of individuals, corporations, and foundations to fund the work we do in the community. Your generous donation is tax deductible and will help make a difference in young girls' lives!

___ **Yes! Please add the following amount to my payment:** \$25 \$50 \$100 \$200 \$325

___ **No, not at this time.**

Immunization and Allergy Records

All registration forms must be accompanied by a record of immunizations (including date of last tetanus shot) and a record of all allergies.

Parents Please Initial Below

By initialing below, I, as the parent or legal guardian, acknowledge the following information policies:

_____ **Early Drop-off/Late Pick-up Policy:** CampSHE hours are from 8:30am to 4:30pm. Early drop-off and late pick-up are available free of charge. Early drop-off is between 8:00am and 8:30am. Late pick-up is between 4:30pm and 5:00pm. **After 5:00pm, parents/guardians will be charged late fees \$2 for every five (5) minutes late.**

_____ **Payment Policy:** Payment in full must be received by **May 25, 2007**. Per-session cost is \$400 per girl, which includes a \$75 non-refundable deposit. A \$35 service charge will be applied to all returned checks. Refunds are given in the event of cancellations before May 28, 2007. Sessions that do not fill are subject to cancellation with full refund.

_____ **Photo Release:** I understand that during activities and events at CampSHE my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed, and I agree to allow CampSHE to keep, as CampSHE's property, the products of such. I agree that such material, along with my child's name, may be used and posted on the CampSHE Web site for promoting CampSHE and in any publicity generated by CampSHE. I agree that my daughter/ward's picture can be used by CampSHE for publication in a variety of forms, including brochures, Web sites, and fliers, in addition to publication in local newspaper and television promotions, and that no compensation will be paid for such use.

_____ **Program Study:** I understand that by participating in CampSHE, my daughter/ward becomes part of a program/study concerning girls' attitudes and beliefs about themselves before and after CampSHE. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that CampSHE will only release study information in accordance with CampSHE policies and procedures.

_____ **Swimming Ability:** I understand that my daughter/ward will be participating in swimming activities at the St. Edward's University pool. She will be supervised by CampSHE staff and a trained lifeguard. I have indicated my daughter/ward's swimming ability below.

Camper's Name: _____ **Swimming Ability (Circle one):** GOOD FAIR NONE

She must stay in the shallow end (Circle one): YES NO

Permission Form

I have read and fully understand the contents of this registration form. My daughter/ward has my permission to participate in CampSHE's summer session(s) in Austin, Texas. I understand that participating in CampSHE allows my daughter/ward no special rights or expectations regarding CampSHE, including the right to sue any party involved in the implementation and execution of the CampSHE programs. I agree to hold harmless CampSHE, its agents, and its employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities. I further agree not to sue CampSHE, its agents, and its employees for any actions or causes of action, including the negligence of CampSHE, arising out of or results from participation in this program.

Parent/Guardian Signature

Date