

Name of Camper: _____

Session: _____



CAMP OLIVER POLICY AGREEMENT & CONSENT FORM



GENERAL SERVICES

I give permission to Camp Oliver and/or staff to provide my child with a residential summer camp program. I also give permission to transport my child to activities such as hiking on offsite trails and give housing/meals to my child associated with my child's registration.

GOALS FOR OUR SUMMER CAMP PROGRAM - Our unified goal for the summer is the improvement of each child's self-esteem, leadership, and mental well-being. Camp Oliver strives to develop the whole person through a balanced and interactive program. Camp Oliver brings together youth from all walks of life, teaching them to learn from and accept each other.

CONDUCT

I give consent for the Camp Director to apply the following rules of conduct to my camper and understand that NOT following the rules may result in a forfeiture of my child's camp privileges and could be sent home early from their session without a refund. Please initial that you understand the following....

- Misconduct—including theft, fighting, and malicious horseplay, willful destruction of property, playing with fire, or any acts or deeds considered an offense under federal, state & local laws /ordinances will not be tolerated.
- Camp Oliver will not tolerate any violence of one camper to another or staff member. If a camper strikes another person, that camper will be asked to leave immediately.
- Any physical damage to camp or any loss of the items in cabins, i.e. lamps, equipment will be paid for by the parent/guardians of the child assigned to the cabin in which the damages or loss occurs.
- Camp rules will be observed at all times.
- Weapons, alcohol, cigarettes and drugs are prohibited.
- In the event that my camper does not arrive at Camp on check-in day, I am aware that Camp Oliver will call me to confirm the child's absenteeism.
- **Electronic devices such as cell phones, iPods, digital cameras, CD players, etc. are strictly PROHIBITED at Camp. These items will be taken away on arrival and held until the program is over. Camp Staff will search luggage on arrival. Please do not send electronic items to camp.**

CAMP OLIVER ACTIVITES DISCLOSER AND PARENT'S/GUARDIAN'S AUTHORIZATION

I, the undersigned parent/guardian of the above named minor, hereby give permission to participate in activities at Camp Oliver including Low Ropes Course, archery, hiking, swimming and games. I state that I understand that my child will have the opportunity to participate in these activities that include running, hiking over rugged terrain and being in a swimming pool, however the minor may be restricted to certain areas of the swimming pool depending on results of a swim test that each child receives before being allowed to have swim time. Participation in activities is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safety equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk, which must be assumed by each participant.

I will not hold or attempt to hold Camp Oliver, the Sisters of Social Service, the Camp Oliver Board of Directors or its employees liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Camp Oliver and will indemnify and hold Camp Oliver harmless from any liability for damages or claims against Camp Oliver arising out of or in any way related to any such loss, damage or injury. I release Camp Oliver, the Sisters of Social Service, the Camp Oliver Board of Directors and its employees from me or my child's physical injury, including death, or illness while at the activity. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Signature of Parent/Guardian: _____ Date: _____

Camper Agreement

I understand the statements above and I am willing and able to participate in all camp activities (unless otherwise stated in my Health History Form.) I will work with others and respect the property of Camp Oliver; its staff and other campers. I understand that failure to live up to this agreement might result in my early dismissal from Camp Oliver without a refund.

Camper's Signature: _____ Date: _____

PERSONAL INFORMATION

Important: Mental, Emotional, and Psychological Health

Camp Oliver is accredited by the American Camp Association and staff go through 8 days of training which includes certification in First Aid/CPR, Food Handler certification, team building and working with children in a traditional summer camp program.

Camp Oliver staff are not specifically trained to work with children with ADD, ADHD, behavioral or mood disorders. Although many children with these conditions do very well in a traditional summer camp setting, Camp Oliver reserves the right to withdraw participation by any child that is unable to follow camp rules, displays disrespect to other campers, staff or camp property, becomes physically abusive to staff or other campers, shuts down or will not participate in camp activities. Camp Oliver will discuss behavioral issues with camper and parents/guardians if there is an issue. However, if the camper is unable to correct the behavior with the guidance of camp staff and/or camp directors and the behavior has become a disturbance to other campers and camp staff, the camper may be asked to leave camp.

As a resident camp we ask your help with the questions below. We call these "tender topics" due to the nature of the questions. Only the Camp Director, Camp Nurse and Executive Staff will have access to this information. We have no intentions of labeling your child. The Counselors/Cabin Leader will be informed only if there is an issue that needs addressing. In your attached documents, we ask your help in giving us positive guidance on ideas we can use in helping your child achieve success. We are very aware of the confidentiality nature of this information.

My camper has an emotional health concern that will impact camp participation	Yes	No
My camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder	Yes	No
My camper has a significant life event that continues to affect the camper's life/health	Yes	No
My camper uses an individualized education plan (IEP) at school.	Yes	No
My camper has been diagnosed with Autistic Spectrum Disorder.	Yes	No
My camper has been diagnosed with ADD or ADhD.	Yes	No
My camper has been diagnosed with _____.	Yes	No

If "yes" was the answer to any of the statements above, please attach a statement from your child's professional (e.g., physician, psychiatrist, therapist) and a second personal letter from you - that addresses the following with regard to your child's participation at camp:

- Describes the concern and the camper's management plan (including any medications) while at camp;
- Describes behaviors that will indicate a need to intervene and help your child with positive solutions;
- Provides a recommendation from this professional supporting your child's participation in our camp program.
- Please add anything that you feel could help our staff help your child have a positive experience in our programs.

Disclosure of this information will help to ensure that your camper may have a successful and safe time at Camp Oliver.

Has the camper ever been to a resident camp before? Yes No When and where? _____
Can your child swim? Yes No
Please check the level swimming is your child: Beginner Advanced Beginner Intermediate Swimmer Advanced

Ethnicity (for statistical reporting only)

Black/African American	Asian/Pacific Islander
Hispanic/Latino	Native American.
White/Caucasian	Other

Please provide any additional information about the camper's behavior and physical, emotional, mental health about which the Camp should be aware (e.g. afraid of the dark, wears glasses, wears retainer, hearing aid, etc.).

Who is picking up your camper on Friday at 2PM?

Name: _____

Please list the name of everyone who might pick up your child on Friday. If the name is not on the list, we will not release your child. **Person picking child up will be asked to show photo identification.**
A phone call will not be acceptable as we do not know who is on the phone.

Please mail this form at least two weeks before camp begins to:

CAMP OLIVER - P.O. BOX 206 - DESCANSO, CA. 91916