

ENROLLMENT FORM

NAME OF CAMPER: _____

SGPA strives to provide positive camp experiences for children with various needs whenever possible. However, SGPA does not provide programs that are rehabilitative or therapeutic in nature and does not specialize in serving children with special needs, including children with emotional, social or behavioral difficulties. It is important to determine whether SGPA is appropriate for your child prior to attending camp. SGPA cannot accept children who cannot live cooperatively with others.

I understand and certify that my child's participation in SGPA and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp's programs, including but not limited to: lake swimming, hiking, backpacking, cabin/tent living, land and water sports, athletic competitions including bodily contact and contact with balls and equipment, use of power tools and equipment in certain creative arts activities, travel in vehicles off camp premises. I acknowledge that although the camp has taken safety measures to minimize the risk of injury to camp participants, the camp cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents, or injuries. I recognize these risks and hereby assume these risks and agree to hold harmless and hereby release the camp, its directors, owners, agents, and employees from all liability for loss, damage, injury or illness to the camper or camper's property related to his/her participation in the camp program. Furthermore, I have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of all camp participants, and the requirement that campers must attend scheduled activities and remain supervised at all times, and my child has agreed to do so. I understand that the camp is not responsible for articles of clothing or personal belongings said to be lost or damaged by fire, theft or laundry.

Finance charges (1.5% per month) will be applied to all outstanding camper fees not paid in full by the last day of camp.

The parent specifically states that the camper is of sufficient maturity to properly care for his/her hygiene and participate in the camp's program.

SGPA does not provide campers with medical insurance.

I have read this enrollment form and agree to its terms and conditions. I recognize that the camp relies upon the representations made in this application and any attached medical forms in accepting my child in the camp program.

Print name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Visiting:

I understand that the traditional hours for visiting privately with my child and removing my child from the camp premises for visiting are Sundays from the conclusion of the flag raising ceremony (approximately noon) until evening inspection (approximately 5 pm). Removal of campers at other times is disruptive to the program and not permitted. Parents are permitted to visit the camp only on weekends commencing at 6 pm on Fridays through 7 pm on Sundays and are expected not to interfere with the ongoing camp program. Parents are invited to attend meals, flag raising/lowering ceremonies and campfires during the weekends. Accommodations are not provided. Parents are expected to abide by all rules of the camp when on camp premises.

The Mother/Father/Guardians listed on the Parental Consent Form are the only persons with whom your child may leave the camp premises, unless you indicate otherwise. If you would like other parents/adults to be able to remove your child from the camp premises (including for visiting or retrieving your child from camp on the last day), then list those names here:

Signature of parent/guardian: _____ Date: _____

NAME OF CAMPER: _____

ENTIRE FORM MUST BE COMPLETED BY A LICENSED HEALTH CARE PRACTITIONER

The camper will be participating in a rigorous scouting camp program at the St. George Pathfinders Camp. Campers live in cabins or tents with no electricity. Campers are expected to care for their own hygiene. Camp activities include but are not limited to: hiking, swimming, sports, classroom instruction. The camp is situated on over 300 acres with no paved roads. The camp has a centrally located infirmary equipped with basic first aid. The nearest local hospital is located approximately 25 miles from the camp (approximately 30 minute drive). If the child has an acute condition requiring urgent response, this camp may not be appropriate.

Date of last physical examination: _____

Height: _____ Weight: _____ BP: _____

Examination of:	WNL	Abnormal findings/comments
Nutrition		
Posture/gait		
Skin		
ENT		
Heart		
Lungs		
Abdomen		
Genitourinary		
Skeleto-Muscular		
Neuro-psychiatry		
Other		

If the camper is under your care for any conditions, attach separate instruction stating special care required while the camper is at camp **[check the box to the left if instructions are attached]**

Describe any limitations or restrictions on the camper's activities:

Immunizations [PRINT CLEARLY or ATTACH COPY OF IMMUNIZATION RECORD]:

ALL Campers
Month & Year
<input type="checkbox"/> Tetanus
<input type="checkbox"/> PPD: <input type="checkbox"/> pos <input type="checkbox"/> neg
<input type="checkbox"/> MMR
<input type="checkbox"/> DPT or DT
<input type="checkbox"/> Chicken Pox (Varicella)
<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio
<input type="checkbox"/> Flu Type B

(Parent initials) Campers are strongly encouraged to use sunscreen when participating in activities involving sun exposure (such as swimming). Parent(s) give consent to camp staff to apply/provide sunscreen.

(Parent initials) Campers are strongly encouraged to use insect repellent when and where appropriate. Parent(s) give consent for their child to have and use insect repellent and/or have insect repellent applied to them.

Signature (Endorsement) of Physician: _____

PHYSICIAN'S HEALTH EXAMINATION FORM – PAGE 2 OF 2

NAME OF CAMPER: _____

MEDICAL HISTORY (Completed by parent/guardian). "Yes" answers MUST be explained below:

	No	Yes
1. Has the camper had any serious illness or injury? Has the camper ever been hospitalized?		
2. Has the camper ever had any surgery?		
3. Has the camper ever had a head injury? Does the camper suffer from frequent headaches?		
4. Does the camper have a chronic or recurring illness or condition (asthma, diabetes, other)?		
5. Has the camper ever had seizures or convulsions?		
6. Has the camper ever had high blood pressure?		
7. Has the camper ever been diagnosed with a heart murmur?		
8. Has the camper had mononucleosis in the past 12 months?		
9. Does the camper have problems with diarrhea and/or constipation?		
10. Does the camper have problems with sleepwalking? Bed-wetting?		
11. Has the camper ever had an eating disorder?		
12. Has the camper ever had emotional difficulties for which professional help was sought?		
13. Has the camper ever had any joint problems?		
14. Does the camper have a history of ADHD (attention deficit hyperactive disorder)?		
15. Does the camper suffer from dizziness or fainting?		

If you answered "yes" to any of the above, please explain: _____

ALLERGIES (check box and comply with instructions):

<input type="checkbox"/>	NO KNOWN ALLERGIES
<input type="checkbox"/>	If the camper has allergies (medicines, foods, insect bites), attach separate mitigation and treatment plan. Parents must coordinate special dietary needs with camp staff.

MEDICATIONS (check box and comply with instructions):

<input type="checkbox"/>	CAMPER TAKES NO MEDICATIONS ON A REGULAR BASIS
<input type="checkbox"/>	The camper is prescribed medication either for regular administration or as needed for acute conditions [attach administration instructions including dosage, frequency, conditions for which provided, other medical directives – instructions must bear physician's endorsement].
<input type="checkbox"/>	The camper is allowed use of over-the-counter medication either for regular administration (such as antihistamines) or as needed for acute conditions (such as analgesics for menstrual cramps) [attach administration instructions including dosage, frequency, conditions for which provided, other medical directives– instructions must bear physician's endorsement]. Campers will not be allowed homeopathic products not deemed medically-necessary.

Be sure to bring enough medication for the entire stay at camp (**parents must supply all listed over-the-counter medications**). ALL MEDICATIONS MUST BE TURNED OVER TO THE INFIRMARY UPON ARRIVAL AT CAMP. SELF-MEDICATION IS NOT PERMITTED. ALL MEDICATIONS MU BE IN ORIGINAL CONTAINER/PACKAGING

I have examined the above named camper and believe that he/she is physically able to participate in all normal activities associated with the St. George Pathfinders Camp.

Signature of Physician: _____

Print Name: _____

Address: _____

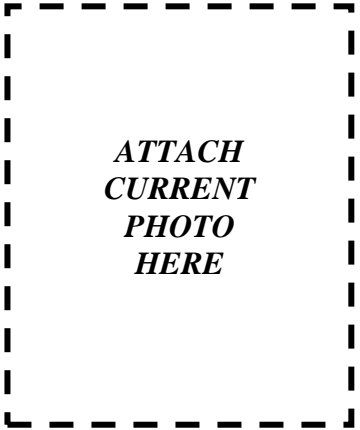
Telephone Number: _____ Date: _____

PARENTAL CONSENT FORM

NAME OF CAMPER: _____

Address: _____

DOB: _____ Age as of July 1, 2018: _____



Emergency Contact Information:

Mother/Guardian Name _____ Patronymic _____

Address _____

Phone #: Home _____ Work _____ Cell _____

Beeper/pager _____ Fax _____ E-mail _____

Father/Guardian Name _____ Patronymic _____

Address _____

Phone #: Home _____ Work _____ Cell _____

Beeper/pager _____ Fax _____ E-mail _____

Alternate Contact Name _____ Relationship _____

Address _____

Phone #: Home _____ Work _____ Cell _____

Beeper/pager _____ Fax _____ E-mail _____

Permission for Medical Care:

I give permission for my son/daughter to receive medical treatment and to be hospitalized if necessary in case of illness or injury. It is recognized that such treatment will be administered only according to the needs of the situation, as determined by those in charge. It is understood by me that, in case of emergency, every reasonable attempt will be made to contact me/us or the alternate contact person I have provided to you.

I understand that SGPA does not carry medical insurance for campers and that I will be responsible for all the costs of all medical care for my child, in the event that such costs are not covered by the medical insurance I have in place for my child. **I have attached a copy of the insurance card (front and back) that covers my child.**

Signature of Parent/Guardian: _____

Print Name: _____ Relationship to Camper: _____

Date: _____



ST. GEORGE PATHFINDERS OF AMERICA

NEW YORK METROPOLITAN AREA CHAPTER

(NON-PROFIT ORGANIZATION)

EIN: 22-2247005

GEN: 3111

EX: 189017

EO-222-247-005/000

1 May 2017

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights. SGPA is required to maintain a record for each camper, signed by the camper's parent or guardian, which documents the following:

- A response to receipt of meningococcal disease and vaccine information;
AND EITHER
- A record of meningococcal meningitis immunization; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, in as many as one in five of those infected. Ten to 15 percent of those who get meningococcal disease will die. Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick. Anyone can get meningococcal disease, but certain people are at increased risk including teens and young adults 16 – 23 years old and those with certain medical conditions that affect the immune system.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria, which cause about two-thirds of meningococcal disease in the United States. The Centers for Disease Control and Prevention (CDC) recommends a single dose of MenACWY vaccine at age 11 through 12 years with a booster dose given at age 16 years. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria, which causes about one-third of meningococcal disease. Young adults aged 16 through 23 years may be vaccinated with MenB vaccine and should discuss the MenB vaccine with a healthcare provider.

Information about the availability and cost of the vaccine can be obtained from your health care provider or your local health department. SGPA summer camp does not provide any form of immunizations.

Information about Meningococcal Disease is also available on the New York State Department of Health website at <http://www.health.ny.gov/publications/2168.pdf>. **Please complete the Meningococcal Vaccination Response Form and submit it with camp registration documents.**

To learn more about meningitis and the vaccine, please feel free to contact [INSERT CONTACT INFORMATION HERE] and/or consult your child's physician. You can also find information about the disease at the website of the Centers for Disease Control and Prevention: www.cdc.gov/vaccines/vpd-vac/mening/default.htm.

Sincerely,

Scoutmaster N. Pokrovsky



ST. GEORGE PATHFINDERS OF AMERICA

NEW YORK METROPOLITAN AREA CHAPTER

(NON-PROFIT ORGANIZATION)

EIN: 22-2247005 GEN: 3111 EX: 189017 EO-222-247-005/000

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check one box and sign below.

- My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

[Note: The Centers for Disease Control and Prevention recommend two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at 16 years of age. Adolescents in this age group with HIV infection should get three doses: 2 doses at least 8 weeks apart at 11 or 12 years of age, plus a booster dose at 16 years of age.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal disease.

Signed: _____
(Parent / Guardian)

Date: _____

Camper's Name: _____

Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail Address (optional): _____

INSURANCE CARD

Please copy front and back of Insurance Card onto this sheet (or provide your own)

Insure that copy is fully legible

