

February 1, 2010



Dear Campers and Parents,

Optimist Volunteers for Youth (OVY) is inviting 10 - 13 year olds to enjoy a week of great fun at camp this summer! OVY Camp has a talented and diverse staff ready to provide a safe, and educational experience for each camper. Our camp will include lots of fun and exciting activities like hiking, crafts, swimming, games, and archery, as well as the opportunity to make new friends. We hope that you decide to join us for this exciting outdoor adventure!

Camp Dates:

Boys Sessions

Session 1: Begins on Sunday, July 11th and ends on Friday, July 16th

Session 3: Begins on Sunday, July 25th and ends on Friday, July 30th

Girls Sessions

Session 2: Begins on Sunday, July 18th and ends on Friday, July 23rd

Session 4: Begins on Sunday, August 1st and ends on Friday, August 5th

Important Info:

- Campers will need to arrive at camp between **10 and 11 AM** on Sunday.
- The first meal provided will be lunch at 12:30 PM.
- Campers need to be picked up at **11 AM** on Friday.
- Whenever possible, carpooling with other campers is encouraged.
- **Session Preference** is on a first-come, first-served basis.

Camp Fee:

A non-refundable **\$20** per Family fee must be included with camper registrations.

Registration Forms

Attached are two forms: (1) a **3-page** Registration Form and (2) a **2-page** medical form.

- **Both Forms** need to be completed for each Camper.
- Be sure to mark the **Session Preference Box** on your registration form.
- The **Policies and Conditions Contract** must be signed by camper and parent.
- The **Medical Form** must be signed by parent.
- **If** the Camper will have prescription medication, for example inhalers, creams, or daily medication, **page two** of the health form **MUST** be signed by a doctor.

OVY is excited to have you to join us this summer for an incredible camping experience!

Please contact me if you have any questions or concerns.

Harry Greenwood
Harry Greenwood
Optimist Volunteers for Youth
408 – 378 – 7439
ovycamp@yahoo.com

OVY SUMMER CAMP 2010

REGISTRATION FORM

Please print clearly and return forms to:

OVY Camp
PO Box 5495
Redwood City, CA 94063

Camper's Name _____
Last Name First Name Middle Initial

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age at Camp* _____ Grade (Fall 2010)* _____

*** Campers must be between the ages of 10 -13 years old or entering 5th - 9th Grade**

Gender: M F Have you attended OVY Camp before? Yes No

Parent/Guardian _____
Last Name First Name

Home Phone _____ Day Phone _____

Cell Phone _____ Email _____

Cabinmate Request _____
(Must be within 1 year in age and request must be mutual)

CAMP SESSIONS

Session Request:

Please mark your **first preferred session** request. We will do our best to accommodate. Apply early to secure a spot. This camp will fill up!

Boys Only

Session 1 – July 11th - July 16th

Session 3 – July 25th - July 30th

Girls Only

Session 2 – July 18th - July 23rd

Session 4 – August 1st – August 6th

Registration Fee:

There is a nonrefundable fee of **\$20 per family**.
Please enclose a check or money order made out to OVY.

I have enclosed \$20 in the form of: Check Money Order

CAMPER INFORMATION SHEET

This information will be given in confidence to each camper's cabin leader the first night of camp. It is designed to help us get to know the camper better and to make their stay at camp really great.

Camper's First Name: _____ Nickname the camper prefers: _____

What are the camper's main interests/hobbies? _____

Does the camper have any fears regarding camp (or in general)? _____

What do you especially hope the camper gets out of camp this year? _____

Has the camper ever been away from home for an extended period before? _____

How did you hear about the OVY Camp program?

Friend School OVY Member Previous Participant

Mailed brochure Newspaper Other: _____

Are you sending **medication** to camp with the camper? Yes No

Reason for medication: _____

Are there any side effects of this medication? _____

Has the camper ever refused to take the medication? Yes No

If yes, what were the effects? _____

This child requires an inhaler, nebulizer, or other medical device and will bring it to camp.

Must carry it with him/her while at camp Will check it in upon arrival at camp

Please describe any **allergic reactions** to insect bites, stings, and note treatment required:

Does the camper carry an epi-pen? Yes No

Please describe any **dietary restrictions** and/or food allergies. Please indicate if they are medical, religious or other: _____

Is there **anything else** you would like to tell the Camp Staff?

OVY CAMP

POLICIES AND CONDITIONS OF ENROLLMENT

OVY Camp emphasizes *respect* in all areas of the camp experience.
To achieve this, the following are some of our conditions and policies.

Parents and Guardians:

Please read these policies with your camper and sign below to show you have read and understand.

1. Camper, and his/her parents/guardians agree to abide by the rules and regulations set by Camp for the health, safety and welfare of all the campers.
2. Campers are expected to use appropriate language, are not allowed to smoke or chew tobacco, or possess any smoking materials, and may not use or possess alcoholic beverages or illegal drugs.
3. All medications, drugs, aspirin, cough syrup, etc. must be kept in the Camp Health House under the control of the Camp Director.
4. Incoming and outgoing phone calls are permitted only when previously arranged with the Camp Director. Please have your camper ask our staff to arrange a call home if it is needed.
5. Campers may not receive visitors.
6. Radios, tape players, Walkmans, MP3 players, video games, etc. are not permitted at Camp.
7. Campers are to remain in their cabins after "lights out."
8. All personal belongings are to remain unlocked at camp. The Camp Directors reserve the right to look through any camper's belongings for inappropriate items if deemed necessary.
9. During the camp session(s), if both parents or guardian leave their place of residence for an extended period of time, the Camp Office (650) 747-0321 must be advised as to where they can be reached in case of an emergency.
10. Camp is not responsible for articles of clothing or personal belongings lost or damaged
11. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp.
12. Fighting and Violence is not permitted and will not be tolerated.
13. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp rules may result in immediate dismissal from camp.
14. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide transportation home if the camper is unable to complete a session due to homesickness, illness or inappropriate behavior. If transportation must be provided, parent/guardian or sponsoring organization will be responsible for the cost of transportation.**

Acknowledged by:

_____ Camper's Name	_____ Camper's Signature	_____ Date
_____ Parent/Guardian's Name	_____ Parent/Guardian's Signature	_____ Date

OVY Camp - Health History Form

Complete one form per child; all medication sent to camp must be given to Camp Director. Please put the bottles of medication in a plastic bag labeled with the camper's name.

Doctor's instructions are required if **prescription medication** is being sent to camp. See page 2 of this form.

Child's Name _____ M F Age _____ Birth Date _____

Address _____ Apt. _____ City _____ Zip _____ Hm. Phone _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Employer _____ Employer _____

Parent/Guardian daytime phone _____ Parent/Guardian daytime phone _____

Cell phone _____ Cell phone _____

<p style="text-align: center;">Insurance</p> <p>Health Insurance Co: _____</p> <p>Policy Number: _____</p> <p>Family Physician: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Family Dentist: _____</p> <p>Phone: _____</p> <p>Tetanus Immunization Date: _____</p> <p style="text-align: center;">HEALTH RECORD (check applicable conditions or allergies)</p> <p> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Convulsions <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Diabetes <input type="checkbox"/> Insect Stings <input type="checkbox"/> Poison Oak <input type="checkbox"/> Hay Fever <input type="checkbox"/> Penicillin <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Nightmares <input type="checkbox"/> Nervousness <input type="checkbox"/> Constipation <input type="checkbox"/> Bi-Polar <input type="checkbox"/> Depression <input type="checkbox"/> Obsessive/Compulsive <input type="checkbox"/> ADHD <input type="checkbox"/> Aggression towards <input type="checkbox"/> Aggression towards self <input type="checkbox"/> Running Away <input type="checkbox"/> Abuse issues: physical, emotional, sexual <input type="checkbox"/> Eating disorders: Anorexia, Bulimia, Overeating <input type="checkbox"/> Bedwetting <input type="checkbox"/> Dietary restrictions: Glucose intolerance, Lactose intolerance <input type="checkbox"/> Behavior Problems: _____ <input type="checkbox"/> Other: _____ </p> <p>Operations, serious injuries, diseases, restrictions on physical activity: _____ _____</p>	<p style="text-align: center;">EMERGENCY INFORMATION</p> <p>Authorized persons to be called in case of an emergency, when parents can not be reached. At least two contacts other different from parent/guardians are required:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 30%;">Phone</th> <th style="width: 30%;">Relationship</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;">CHILD RELEASE AUTHORIZATION</p> <p>Persons AUTHORIZED to pick up child from the facility (Parents must be listed below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 30%;">Phone</th> <th style="width: 30%;">Relationship</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Persons NOT AUTHORIZED to pick up child from the facility:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 30%;">Phone</th> <th style="width: 30%;">Relationship</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Child in custody of (check one): <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p> <p>Child lives with (check one): <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other: _____</p>	Name	Phone	Relationship	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Phone	Relationship	_____	_____	_____	_____	_____	_____	_____	_____	_____	Name	Phone	Relationship	_____	_____	_____	_____	_____	_____	_____	_____	_____
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PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the OYV to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by OYV to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that OYV will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the OYV from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the OYV staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature: _____ Date: _____

Request for Medication and Physician's Instructions

Section 1: Physician's Instructions for Acute or Chronic Problem		
If your child is under doctor's care for an acute or chronic problem, your physician needs to know that the child will be away from home for several days. Please have physician give instructions in this space for care of child.		
Section 2: Prescription Medication (The medication must be in its prescription container)		
Print Name of Child (Last, First)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
I request that my child (named above) be assisted by an authorized person in taking prescribed medication (described below) at OVY Camp, in compliance with the program's policies and procedures.		
Signature of custodial parent or guardian	Date signed	Home Telephone ()

Medications

Description of prescribed medications shall be completed by child's physician

	Name of Medication 1.	Name of Medication 2.	Name of Medication 3.
Purpose of Medication			
Dosage Prescribed			
Time Schedule			
Dose form (liquid, tablet, etc.)			
Date of Prescription			
Length of Time Medication is Necessary			
Precautions, special instructions, possible adverse effects, or comments:			

To be completed by Physician

Print Name of Physician:	The above named child, for whom the above medication is prescribed, is under my care.
Address (street, city, state, and zip):	Telephone Number:
Signature of Physician:	Date Signed: