

Eco-Investigations Camp Application

938 45th St
Oakland, CA 94608
Telephone: 510-654-6867

Email: Director@ecocamps.org

Website: www.ecocamps.org



We rely on this application for your child's safety and well being. Please take the time to complete the entire application and promptly notify our office of any changes. For sibling applications please complete a separate form and write "same" where it is relevant.

Child's Full Name _____

Prefer To Be Called _____

Gender _____ Birthday _____ Age _____

School Attending _____

Grade after this summer _____

Parent/Guardian (1) _____

Phone: Home _____ Cell _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Work# _____ Ext _____

Email _____

Best way to contact is by _____

Parent Guardian (2) _____

Phone: Home _____ Cell _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Work# _____ Ext _____

Email _____

Best way to contact is by _____

How did you hear about Eco-Investigations Camp? Check those that apply.

- Bay Area Parent Parents Press Other Publication _____
- Website/Internet School _____
- Word of Mouth _____ Other _____

Authorized pick-ups: Please list the people whom you authorize us to release your child to. Proper identification must be shown at time of pick up.

Name (please print)	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Session Choice: Indicate your preference
_____ June 21-25, 2010, 7-9 years old
_____ June 29-July 3, 2010 10-12 years old

Fees:
_____ \$260 per week (when registering before June 1, 2010)
_____ \$300 per week (when registering after June 10, 2010)

Sibling or Buddy Discount: When registering two children at the same time, each child receives a \$15.00 discount.

Name of Sibling or Buddy _____

Scholarships: Please contact us for scholarship information and a scholarship application.

Total Fees Included
A deposit of \$100 per camper per session will reserve camp space for your child. The balance of the tuition is due and payable by June 1, 2010. Make checks out to Eco-Investigations.

\$ _____ Amount Enclosed

\$ _____ **Total Fees Due**

Meeting Location: East Bay Regional Parks, Oakland, CA
Monday through Wednesday we will meet at Temescal Regional Park, North Entrance, at 9:00 am and campers will return there to be picket up at 3:00 pm.

Thursday: Redwood Regional Park, Skyline Gate at 9:00 a.m. for Overnight Camping at campsite in park.

Friday: pick up at 3:00, Redwood Regional Park, Skyline Gate

Eco-Investigations Camps 2010 Application- continued

Please provide as much information about your child as possible. It allows us to be better prepared to provide a safe, enriching, and enjoyable summer camp experience. This information is confidential and is viewed only by the appropriate staff members. We encourage you to speak to the camp director regarding any issues prior to camp starting.

2. Health History

Camper's Full Name: _____

Age _____ Height _____ Weight _____

Name of Parents or Guardians: _____

I have included a copy of my child's immunization records:

_____ Yes or _____ Records will be mailed by June 1, 2010.

Operations or serious injuries (include dates): _____

Disability or chronic recurring illness: _____

Activities encouraged or discouraged by physician: _____

Dietary restrictions: _____

Allergies _____

If allergic to Bee stings – Does your child carry a Bee Sting kit? _____

Current medications: _____

(Send medications with instructions in original container.)

Any Psychiatric counseling or hospitalization: _____

Please explain: _____

Name of Physician: _____

Date of last physical exam: _____

Medial insurance carrier: _____

Policy# _____

Additional health related information for camp personnel: _____

Check and give approximate dates of illness or allergies:

_____ Ear infections _____ Chicken Pox _____ Penicillin _____ Heart Defect/Disease _____ Diabetes
_____ Hay Fever _____ Convulsions _____ Mononucleosis _____ Asthma _____ Mumps _____ Fractures
_____ German Measles _____ Poison Oak _____ Bleeding/Clotting _____ Hypertension _____ Measles
_____ Insect Stings _____ Food Allergies _____ Others (specify) _____

Please expand on any illness or allergy noted above. _____

INDEMNIFICATION WAIVER- PLEASE READ AND SIGN BELOW.

I certify that the child named is in normal health and give permission for the child named to participate in program activities. I hold blameless Eco-Investigations Camps and all involved in the program from any liability for any harm that befalls the child as a result of participation in the programs. I hereby certify that I have given full disclosure concerning all medical, physical, and psychological conditions which may have relevance to my child/ward's performance while at Eco-Investigations Camp and my child/ward's has permission to engage in all prescribed camp activities except as noted.

Authorization of treatment: In the event I cannot be reached in an emergency, I hereby give permission and authorize the employees of Eco-Investigations Camps to consent to medical care to be rendered to said child upon the advice of a licensed physician. The undersigned further agrees that the above persons are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment. The completed forms may be photocopied for offsite use.

Printed Name: _____ Date: _____
Signature: _____ Date: _____

3. Conditions of Enrollment

Prior to signing this application, I have read and understand items 1-12 below. Any questions I may have had about the policies and operations of Eco-Investigations Camp have been answered to my satisfaction. If my child is accepted for enrollment, I agree that:

- 1. **Tuition** - Includes instruction in all activities.
- 2. **Absence** - Transfer availability for short term sickness during camp will be based on the director's discretion based on space available during the summer season. No make-up days, credits or refunds are given for absence or illness and transfer to a new camp spot is not guaranteed.
- 3. **Deposits** - A deposit of \$100 per camper per session will reserve camp space for your child. The balance of the tuition is due and payable by June 1, 2010.
- 4. **Withdrawals** - If a child cannot return to camp due to illness or accident the unused portion of the session will be credited for future use based on the director's discretion. A doctor's certified note must accompany the withdrawal request. All tuitions become non-refundable after June 14, 2010.
- 5. **Cancellations** - Deposits and tuitions will be refunded if written cancellations are received by June 1, 2010, less a \$50 cancellation service charge. (Bounced Check Fee \$20.)
- 6. Eco-Investigations Camp cannot be responsible for any injury that is not the fault of Eco-Investigations Camp, beyond the assurance that the injury will receive appropriate professional care.
- 7. If my child requires medical attention, Eco-Investigations Camp has my authorization to obtain if from any licensed physician or hospital as Eco-Investigations Camp deems necessary and Eco-Investigations Camp may act in my place in this regard. Eco-Investigations Camp will attempt to use the physician I have designated on this form as Eco-Investigations camp deems feasible.
- 8. I will pay the tuition and fees as set forth on this form.
- 9. I hereby grant Eco-Investigations Camps the right and permission, in connection with photos and video taken of my child, his/her artwork or written work, the following: the right to use the above items, without the use of names, without prior inspection, for promotional and advertising purposes, e.g. on the worldwide web and camp fairs.
- 10. If camper is expelled for disciplinary reasons, tuition will be forfeited.
- 11. Prior to or at time of registration, parents/guardians are responsible for notifying us of a special need, whether professionally diagnosed or not (i.e. attention or communication disorders or if school teachers have spoken to you with concerns about your child's consistent disruptive behavior in a group setting). These disclosures do not necessarily preclude your child's participation in camp
- 12. I understand that the program of Eco-Investigations Camp is primarily an outdoor, recreational program offering active activities and that one overnight is included that includes campers sleeping outdoors in tents.

AGREEMENT TO THE CONDITIONS OF ENROLLMENT REQUIRES SIGNATURE OF THE PERSON FINANCIALLY RESPONSIBLE.

Signature

Date

4. Additional Information:

Swimming/water activity will only occur at Lake Temescal on Tuesday in the presence of a life guard, in addition to camp staff. What level of swimmer is your child? Please circle one.

A. Non-Swimmer B. Beginner C. Intermediate D. Advanced

Additional information regarding your child's swimming ability/attitude (classes, certificates, etc):

5. Please Tell Us A Little More About Your Child

Please include any additional information, below and on the other side of the paper, which you feel might be beneficial for the camp to know regarding your child. This information is kept confidential and is viewed only by the appropriate staff members. We encourage you to speak to the camp director regarding any issues prior to camp starting.

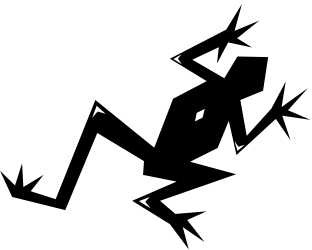
6. Parent Volunteers:

There are opportunities to volunteer during the overnight camping part of the week. If you are interested in learning more about volunteering, please let us know.

Confirmation: Eco-Investigations Camp tries to save trees! Whenever possible, we prefer to email confirmations of application and Balance Due Invoices. If you supply us with your email address, we will use that as our first means of communicating in writing.

*Thank you for taking the time to complete this application.
We are looking forward to a fantastic summer.*

*Your Welcome Packet will be sent to you in early June.
Please do not hesitate to contact us with any questions.*



Please mail your application with your deposit to

Eco-Investigations
52238 45th St.
Oakland, CA 94608