

Check One:  Choral Music Camp \$475  
June 22 - 28  
(entering 4th - 9th grades)

Sr. High B.R.E.A.D. \$450  
July 13 - 19  
(entering 10th - Graduating Seniors)

Jr. High B.R.E.A.D. \$450  
July 20 - 26  
(entering 7th - 9th grades)

Camper: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ F  M

Preferred name for nametag \_\_\_\_\_ T-shirt size (adult sizes) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ email address \_\_\_\_\_

Birthdate \_\_\_\_\_ Camper's age at camp \_\_\_\_\_ Grade - Sep. '08 \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_ Church/City \_\_\_\_\_

Please complete the following:

Camp Cost \$ \_\_\_\_\_

Sibling Discount\* - \$ \_\_\_\_\_

I would like to donate to the scholarship fund  
to help others attend camps + \$ \_\_\_\_\_

total due =                       
\$ \_\_\_\_\_

\*There is a \$20 discount for each additional child from the same family.

Send this application, fully completed, to The Bishop's Ranch, Summer Camps, 5297 Westside Road, Healdsburg, CA 95448. A \$50 non-refundable deposit is required to reserve your space at camp. Balance is due two weeks prior to program.

Financial aid is available to those who need it (fill out the Scholarship Application, available at [www.bishopsranch.org](http://www.bishopsranch.org) or by calling 707-433-2440).

I would like to pay by check. Amount enclosed \$ \_\_\_\_\_ Make checks payable to The Bishop's Ranch .

I authorize The Bishop's Ranch to charge my  Visa  Mastercard for the amount of \$ \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Camps offered by the Diocese of California are non-discriminatory in regards to race, color, religion, sex, national origin/ancestry. You will receive an information packet upon registration.

# MEDICAL INFORMATION FORM

## Diocese of California Youth Camps

2008

Camper: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### HISTORY

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> convulsions         | <input type="checkbox"/> fainting spells     |
| <input type="checkbox"/> diabetes                | <input type="checkbox"/> emotional disorders | <input type="checkbox"/> constipation        |
| <input type="checkbox"/> asthma                  | <input type="checkbox"/> bleeding disorders  | <input type="checkbox"/> behavioral problems |
| <input type="checkbox"/> heart problems          | <input type="checkbox"/> bed wetting         | <input type="checkbox"/> other _____         |
- For Girls:  Has started menstruating If not, has been told about it?  Yes  No

### VACCINES (is the camper currently up to date with the following immunizations?)

- Tetanus  Yes  No Yr. \_\_\_\_\_ Polio Vaccine  Yes  No  
MMR  Yes  No Diptheria  Yes  No

### DISEASES (please check those the camper has had or been immunized against)

- Chicken pox       Measles       Mumps       Rubella

### ALLERGIES

- poison oak       bee stings       hay fever       other \_\_\_\_\_

Any foods or drugs (please list) \_\_\_\_\_

Any special dietary needs? \_\_\_\_\_

If a vegetarian does camper eat:  poultry?  fish?  dairy?  eggs?

Any specific activities to be restricted? \_\_\_\_\_

Is the camper currently receiving any medication? Yes  No  If so, please indicate:

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ for what? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ for what? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ for what? \_\_\_\_\_

Camper may take Benadryl for allergic reaction? Yes  No

Preferred meds for minor aches, pain, injuries:  Ibuprofen  Acetaminophen  Aspirin  none

Please Note the Following: Only medication properly prescribed for the camper will be given to the camper. No prescribed medications will be given to the camper unless it is sent in the original prescription bottle or package and clearly labeled with the camper's name and dosage by the pharmacy. Non-prescription medications and vitamins, in their original packaging, must be labeled with the camper's name. DO NOT send a week's supply of medication in a baggy or medication box. Medications will be collected by the Camp Nurse at registration.

Any other comments, suggestions or information regarding the participant's health or well being that would assist the camp staff in caring for your family. All information will be regarded as confidential by the Dean and the Health Care Provider of the camp:

In case of emergency contact (relative, neighbor, Rector - Bay Area resident, please!):

1. \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Or

1. \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Name of physician/health care provider: \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Insurance Information:

Do you carry medical/hospital insurance? Yes  No  If so, name of insurance co. \_\_\_\_\_

Procedure authorization phone number (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_

Group number \_\_\_\_\_ Name of employer \_\_\_\_\_

Name of insured \_\_\_\_\_ Social Security # of insured \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Please attach a photocopy of both sides of Medical Insurance Identification Card  
for each person on this form  
(some medical facilities require this before treatment)

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE  
Parent/legal guardian or participant authorization

I give permission to the above-named to attend and participate in camp at The Bishop's Ranch. Furthermore, I hereby grant permission to the camp staff to render preventative, first aid and/or emergency treatment that they deem necessary to my son's / daughter's health and well being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the camp staff to notify the designated emergency contacts (parent/guardian to be first contacted) in the most expeditious manner possible. If said staff is unable to communicate with me, the treatment deemed necessary for my son's / daughter's best interest and well being may be given.

I hereby:

1. Certify that, to the best of my knowledge, the medical information requested is complete and correct.
2. Agree to assume all risk of personal injury arising from participating in the above-indicated camp.
3. Agree not to hold the staff responsible for any injury(s) sustained during participation at camp.
4. Agree not to bring suit against The Bishop's Ranch and/or its staff for any injury sustained.
5. Understand that if necessary, in the judgement of the camp, to use outside medical, surgical, or dental treatment for the camper's health and well being, that all such expenses shall be the responsibility of the parent or legal guardian.
6. Authorize the camp staff to administer medication(s) to my child (as prescribed by his/her physician) as indicated on the health information form.

Signature of parent/guardian or participant (if 18 years or older)

Date

Attach copy of medical card here

# COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

SUMMER PROGRAM 2008

Must be read and signed before attending any 2008 Camp

Throughout the duration of \_\_\_\_\_  
name and date of camp

I agree to keep a safe place for people, feelings and things by:

- participating in all scheduled activities including community chores, and by remaining on the conference center grounds unless in the company of an adult advisor.
- respecting the needs and property of others, and caring for the physical space of The Bishop's Ranch
- not to participating in any inappropriate sexual or violent behavior. I will not bring or carry a weapon.
- not using alcohol, tobacco\* or any other illegal, non-prescription drugs. I understand that my parent/guardian will be notified and I will be automatically sent home at my own expense if I violate this agreement.

I understand that these agreements are designed to make this camp the best and safest event possible for everyone and that if I violate any of the agreements the Camp Director will have the authority to determine appropriate consequences.

\*NOTE: By law, smoking is illegal under the age of 18 and will not be allowed at any of the diocesan camps. Any participants who are 18 or older may discuss smoking with the Camp Director before coming to camp.

I have read the above and agree to live by these standards throughout this camp.

_____	_____	_____
participant's signature	print name	date
_____	_____	_____
parent/gaurdian signature	print name	date

NOTE TO PARENTS: There have been in the past "after camp overnights" or "camp parties" the day after camp that some or all of the campers are invited to. Although, to our knowledge, there have not been any problems at these parties, we want you to be aware that they are not official Diocesan events and may or may not have appropriate supervision. It is up to you to investigate the situation and decide if you want your child to attend.