

How did you hear about Rosie's Girls? _____

T-Shirt Size (Adult Sizes): S M L XL XXL

Rosie's Girls Summer Program accepts campers on a *first-come, first-served* basis. Our goal is to accept every camper (up to our total enrollment capacity) who can have a successful and safe experience at camp. If a camper is placed on a waiting list, the deposit will be returned. Rosie's Girls reserves the right not to accept a camper that we believe, in our discretion, will not have a safe or positive experience at camp. We will review the ability of each camper to fully participate in camp and will discuss with parents any situations in which Rosie's Girls activities would be an unsafe or inappropriate experience

*****Parents, please initial that you have read and understood the section above.** _____

In order to make this the best experience for your camper, we would appreciate your answers to the following (please attach another page if needed):

1) During Rosie's Girls activities, campers work together as a group. Please describe any issues we should know about your camper's ability to work with peers/adults in a group.

2) Some activities at Rosie's Girls (carpentry, welding, etc) require girls to follow set safety procedures and explicit directions and to use good judgment/common sense to ensure their own and other campers' safety. Please describe any concerns you have about your camper's ability to follow set procedures and/or to use good judgment.

3) Rosie's Girls staff members make every reasonable effort to accommodate the various needs of campers. Please describe any disabilities (cognitive and/or physical) or other limitations or concerns about which Rosie's Girls staff should be aware. Please note any special accommodations (including aides, equipment, or other assistance) your camper will need to have a successful experience at camp.

4) Is there anything else you believe would be important or useful for Rosie's Girls staff to know about your camper?

DEAR CAMPER: PLEASE WRITE A TWO-THREE PARAGRAPH ESSAY STATING WHY YOU WANT TO ATTEND ROSIE'S GIRLS THIS SUMMER.

REMEMBER: THE APPLICATION IS NOT COMPLETE UNLESS ESSAY IS ATTACHED.

Cheryl Young, Camp Administrator 1-802-867-5921
Return application to Cheryl Young at 3577 West Road, Dorset, VT 05251
For information about the program, please go to **www.Rosiesgirls.org**

PERMISSIONS AND WAIVERS

Waiver for Participant By Parent/Guardian

I hereby grant my permission for _____ (camper's name) to participate in all activities at Rosie's Girls summer camp.

Photo Release

I do / do not (**please circle one**) give permission for photographs and video images of _____ (camper's name) to be used in the media and in Vermont Works For Women, Rosie's Girls and marketing materials. **By not circling a choice, but signing below, Rosie's Girls has permission to use photographs and video images of your child/ward.**

Electronic Equipment

Please be advised that we do not allow any type of electronic equipment to be used at camp. This includes I-pods, cell phones, CD players, and other devices. Campers may keep cell phones off and in their backpacks as long as they are not being used during camp, though we are not responsible for theft or loss. You will be able to reach your daughter via the camp staff telephone as necessary.

Carpooling Interest

I do / do not (**please circle one**) give permission for Vermont Works for Women to share my name and contact information with other parents from my area interested in carpooling to and from camp. (Note: VWW does not arrange carpools, but shares info with interested parties)

Parent/Guardian Signature

My signature below indicates my permission for my camper to participate in all camp activities, to attend field trips, to receive medical treatment, and to (or not to) take part in photo or video sessions as indicated above.

I have enclosed a **non-refundable** deposit of \$100 to hold my camper's place, which will be applied to the total camp fee of \$400, and I understand that full payment is due 14 days(June 6th) before the first day of the program session my camper is attending. I understand that if my camper is placed on a waiting list, the \$100 deposit will be returned. If my camper is accepted off the waiting list, full payment of all fees due will be required before she can attend. I understand that the camp fee is non-refundable after 14 days before the first day of the program session my camper is attending.

In consideration of your accepting my camper's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against Vermont Works For Women, and their representatives, successors and assigns for any and all injuries suffered by myself or my child in any activity sponsored by this group.

Parent/Guardian Signature

Printed Name

Date

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CAMPER MEDICAL FORM

This medical form must be completed and signed by both parent/guardian and physician. Please return no later than two weeks before the start of camp. Campers will not be allowed to attend without this completed form. PLEASE NOTE: THIS FORM CANNOT BE ACCEPTED WITHOUT A PHYSICIAN'S SIGNATURE.

Northshire June 20-July 1, 2011

CAMPER'S NAME: _____

Camper's Home Address: _____ Town: _____ State: _____ ZIP: _____

Custodial Parent/Guardian: _____ Second Custodial Parent/Guardian: _____

Address: _____ Address: _____

Town: _____ State: _____ ZIP: _____ Town: _____ State: _____ ZIP: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Name of emergency contact other than parents/guardians listed above: _____

Relationship to Camper: _____

Home Phone: _____ Work Phone: _____

Date of birth: _____ SEX _____ HEIGHT _____ WEIGHT _____

IMMUNIZATIONS: Please attach immunization history.

The Rosie's Girls program involves using hand-held power tools and welding equipment, as well as physical activities such as a ropes course, swimming, and outdoor games. Please describe any physical restrictions related to this kind of activity:

Has the camper been treated for any medical problems in the following areas?

Seizures _____ Length of seizure _____

Cardio Vascular _____ Restrictions _____

Orthopedic Observations _____ Restrictions _____

Pulmonary _____ Restrictions _____

Asthma _____ Medications? _____ Inhaler? _____

Any limitations with sight or hearing? Does the camper wear corrective lenses?

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Does the camper have any contagious or infectious diseases? _____ If yes, explain _____

Has the camper been exposed to any contagious or infectious diseases in last 6 months? Be specific: _____

ALLERGIES: Has the camper had any allergic reactions to the following (be specific) - If so, list in detail the reaction:

Drugs: _____	Reaction: _____
Insect Bites: _____	Reaction: _____
Foods: _____	Reaction: _____
Other: _____	Reaction: _____
_____	Reaction: _____

Does the camper need to carry an epinephrine pen for any above allergy? ___ Yes ___ No, If yes, which allergy? _____

MEDICATION: Please list all medication patient is currently taking (or attach a current medication schedule for this person):

MEDICATION	DOSAGE	SCHEDULE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please describe any other conditions about which Rosie's Girls program staff should be aware. _____

DATE OF MOST RECENT EXAM: _____ (NOTE: Most recent exam must be within last two years)

PRACTITIONER'S NAME (please print): _____	
TITLE (circle one):	MD PA NP
Complete Address:	_____

Phone(s):	_____
PRACTITIONER'S SIGNATURE: _____	DATE: _____

MEDICAL TREATMENT

I give permission to the medical personnel selected by the Rosie's Girls staff to provide routine health care; to administer x-rays, routine tests and treatment; to release any records necessary for insurance or treatment purposes; and to provide or arrange necessary transportation for my child or ward. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Rosie's Girls staff to secure and administer treatment, including hospitalization, for my child or ward.

I hereby give permission to give my child/ward over the counter medications according to standard dose and written doctor's order:

Ibuprofen (e.g., Advil) ___ YES ___ NO Acetaminophen (e.g., Tylenol) ___ YES ___ NO Benadryl ___ YES ___ NO

Parent/Guardian Signature: _____ *Date:* _____