

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.

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?

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 and the Rosie's Girls program in Rutland publications and marketing materials.

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 \$25 to hold my camper's place, which will be applied to the total camp fee of \$159, and I understand that full payment is due by 14 days before the first day of the camp session my camper is attending. I understand that if my camper is placed on a waiting list, the 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 camp 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, Proctor High School, the Rosie's Girls of Rutland program staff, 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



CAMPER MEDICAL FORM

This medical form must be completed and signed. Please return no later than two weeks before the start of camp. Campers will not be allowed to attend without this completed form.

Session: Rutland, July 12 to 23, 2010, Monday through Friday, 9 to 5

CAMPER'S NAME: _____
Camper's home address: _____ Town: _____ State: _____ ZIP: _____

Custodial parent/guardian: _____ Address: _____ Town: _____ State: _____ ZIP: _____
Home phone: _____ Work phone: _____
Second custodial parent/guardian: _____ Address: _____ Town: _____ State: _____ ZIP: _____
Home 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?

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: _____

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: _____ (must be within last two years)

PRACTITIONER'S NAME (please print): _____

TITLE (circle one): MD PA NP

MEDICAL TREATMENT

In the event I cannot be reached in an emergency, I hereby give permission to a physician or emergency personnel selected by the camp 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:** _____



Vermont
Works for
Women

Rosie's girls[®]

FINANCIAL AID APPLICATION

Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time of your application.

Camp session being applied for: RUTLAND, July 12 to 23, 2010, Monday-Friday

Name of camper: _____

Name of Parent/Guardian _____

Please be sure to answer all questions. This helps us grant financial aid quickly and fairly. Thank you!

1. Does your child receive a free or reduced lunch at her school? Yes ___ No ___
2. Do you receive support from the Department of Children & Families, Economic Services Division (PATH)?
This includes Food Stamps and TANF support. Yes ___ No ___
3. What is your monthly household income? \$ _____
4. How many household members are dependent on this income? # _____
5. How many of these household members are under 18? # _____
6. Please check all that apply:
 - One or more family members have a disability or have been ill
 - One or more adults is unemployed or under-employed
 - Financial difficulty related to divorce or separation
 - One or more adults is a college student or studying for a GED
 - Debt payments that are difficult to meet
 - Mortgage is more than 30% of income
 - Credit card payments
 - Student loan debt
 - We cannot afford the tuition without help
7. Is there anything else you would like us to know in determining financial assistance?

Applying as early as you can is helpful. Please call us if you have any questions about your application.

What is the maximum you feel you could afford to pay towards the total fee of \$259? \$ _____

We ask for a deposit of \$25 when you submit your application. If you are unable to pay the full \$25, please circle what you can afford to pay as a deposit. Please circle one: \$5 \$10 \$15 Other _____

Please include your deposit when you submit your application form. Please make checks out to **Rosie's Girls Rutland**

Parent/Guardian Signature

Date

All information on this form will be kept confidential and will be used solely to determine financial aid award.