

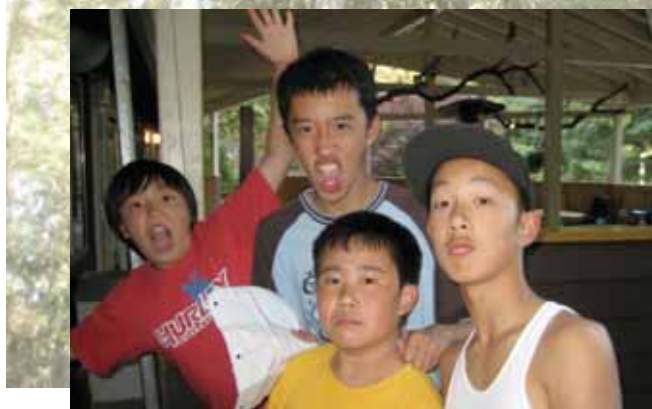
“Step Up, Speak Out”

WESTMINSTER WOODS YOUTH CAMP 2009

Sunday, August 16th to Friday, August 21st

REGISTER TODAY!

Westminster Woods Rally & Class sign-ups:
Friday Night Club on August 7th, 7:00-10:00 pm



Westminster Woods Camp is open to all youth entering grades 6-12 in the Fall 2009.

Join us for a week in the woods, making new friends, participating in games, skits, campfire, singing, Bible Study, arts & crafts, swimming, volleyball, hiking, archery, and much more!

Westminster Woods Camp and Conference Center is located 60 miles north of San Francisco, near Occidental.

Transportation, room, and board are provided, along with a week of FUN and GROWTH for all!

***Completed Scholarship Applications due Friday, July 17, 2009. Please contact Laurene Chan (415) 781-0401 ext. 142 or laurene@cameronhouse.org for applications and questions.**

Questions?

Contact Chris Cheuk or Josh Chuck, Camp Program Co-Directors (415) 781-0401, ext. 126 or chris@cameronhouse.org / josh@cameronhouse.org.

May 2009

Donaldina Cameron House
2008-2009 Youth Ministries Medical Form (Valid 10/01/08 – 9/30/09)

MINOR INFORMATION (please print)

Full Name of Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Secondary Phone: (____) _____ E-mail: _____
Gender: _____ Date of Birth: __/__/____ Grade in Fall 2009: _____ School: _____
Parent / Guardian Full Name(s): _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

HEALTH / DENTAL INSURANCE INFORMATION

Health Insurance Company: _____
Policy Number: _____ Group Number: _____
Phone Number: _____ Doctor's Name: _____
Dental Insurance Company: _____
Policy Number: _____ Group Number: _____
Phone Number: _____ Doctor's Name: _____

EMERGENCY CONTACT INFORMATION

In an emergency, please notify one of the following:

1) Name: _____ Relationship to Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
2) Name: _____ Relationship to Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

MEDICAL HISTORY

Has Minor received all school-required vaccinations? Yes No Date of last tetanus shot: _____

Does Minor have a communicable disease or medical condition that may be a risk to others? Yes No If yes, please describe:

Does Minor have any drug allergies? Yes No If Yes, please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor: _____

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc.): _____

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of _____ (“Minor”), each of the undersigned gives his or her authorization and consent for Donaldina Cameron House of San Francisco, CA (the “Agency”) and the Agency’s adult employees, agents, and volunteers (collectively with the Agency, Donaldina Cameron House Parties) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include without limitation, X-ray examination, anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopy hereof shall be as valid as an original copy.

Each of the undersigned acknowledges and agrees that Donaldina Cameron House Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by Donaldina Cameron House, each of the undersigned hereby agrees to indemnify, defend, and hold harmless Donaldina Cameron House Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorney’s fees and other costs of defense) in connection with any and all actions, suits, claims or demands that may be brought or instituted against any Donaldina Cameron House Parties and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: * _____ Signature: _____ Date: _____

Name: * _____ Signature: _____ Date: _____

*Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor.

CONSENT AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from October 1, 2008 through September 30, 2009 and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an “Agent”) of Donaldina Cameron House of San Francisco, California (the “Agency”).

In consideration of the student being allowed to participate in the program:

1. I understand that the agency and its volunteers will exercise their judgment in supervising the student and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student to be injured or become ill during the activities. In consideration of sponsoring, organizing, and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend and hold harmless the Agency and any of its Agents, employees or volunteers (collectively, the “Donaldina Cameron House Parties”) from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Student participating in the Program.
2. I understand and agree that the Student may be sent home at my expense if any Agent, employee, or volunteer determines that the Student has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity.

Name (please print) _____ Signature _____ Date _____
Parent / Legal Guardian

MEDIA RELEASE

I, the undersigned parent/legal guardian of he minor student identified above hereby give my permission for pictures and video taken of the student during Donaldina Cameron House Programs and Events to be used for publicity, educational and program purposes. I understand that no compensation will be provided.

Name (please print) _____ Signature _____ Date _____
Parent / Legal Guardian

"Step Up, Speak Out"
Westminster Woods Youth Camp 2009
Registration Form

LAST NAME	FIRST NAME	MI	MALE	FEMALE
ADDRESS	CITY	STATE	ZIP CODE	
HOME PHONE NUMBER (with area code)	SECONDARY PHONE NUMBER	E-MAIL ADDRESS		
GRADE IN FALL 2009	SCHOOL	BIRTH DATE (Month/Day/Year)	AGE (by Aug 16)	
MOTHER'S NAME	Work Phone	Cell Phone	E-mail	
FATHER'S NAME	Work Phone	Cell Phone	E-mail	
NOTES FOR SPECIAL CIRCUMSTANCES (LATE ARRIVAL, EARLY DEPARTURE, OTHER):				

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in Westminster Woods Youth Camp 2009, and have completed and signed the necessary 2008-2009 Youth Ministries Medical Form, Consent and Discharge of Liability, and Media Release.

 Parent/ Guardian's Name (please print) Parent/Guardian's Signature Date

COST

Please Check the Appropriate Box. Please make checks payable to "Donaldina Cameron House" with a notation of "Westminster Woods 2009" and your child's name on the check. Credit card payment forms available upon request.

- Summer 2009 Volunteer
 \$340 minus additional discount of volunteer service (max. \$70)
 Discount Earned _____ Program (circle one): BYP CV SG Support/Site
 Signature of Department Coordinator/Staff: _____
- Member/Participant of Cameron House Youth Programs
 \$340
- Non-Member Participant
 \$400
- I would like to apply for a camp scholarship in the amount of \$ _____
 (Limited scholarships are available. Please see Laurene Chan for Camp Scholarship Application Form and additional information. Complete application form must be received by Friday, July 17, 2009 to be considered.)

Please note: Camp Scholarship applicants will be notified by July 31st. If you are applying for a scholarship, please submit payment for camp after this date and by August 7th.

You may drop off the form in person or mail completed forms and payment to the following:

Donaldina Cameron House
 Westminster Woods 2009
 920 Sacramento St.
 San Francisco, CA 94108

OFFICE USE ONLY: ___ CASH ___ CHECK# AMOUNT _____ DATE _____ INITIALS _____