

APPLICATION FOR ENROLLMENT AT CAMP SERTOMA

Transportation Information
This portion to be completed by Sertoma Representative

Date _____ Sponsoring Club _____

Session Dates _____

Name of Sertoman assigned to this child _____

Address _____ City _____

Phone(Home) _____ (Work) _____ (Mobile) _____

E-mail Address _____

Member responsible for transportation to and/or from Camp Sertoma _____
(If different from above)

Address _____ City _____

Phone (Home) _____ (Work) _____ (Mobile) _____

E-Mail Address _____

Will transportation be provided by parent or guardian to the physical? Yes ___ No ___

If no, has this need been met? _____

Is camp health form complete? Yes ___ No ___

If no, please indicate why _____

Camper Information
This portion to be completed by Parent/Guardian

(Please Attach a Picture of Camper if Available)

Camper's Full Name _____ Friends call him/her _____

Social Security Number _____ Date of Birth _____

Sex ___ Age ___ Grade attending in the Fall ___ Height ___ Weight ___

Address _____ City _____ State ___ Zip _____

Parent or Guardian Name _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Email _____

WITH WHOM DOES THE CHILD LIVE?

Name _____ Relationship to camper _____

Phone (Home) _____ (Work) _____ (Mobile) _____

EMERGENCY CONTACT: (someone other than with who the child lives)

Name _____ Relationship to camper _____

Phone (Home) _____ (Work) _____ (Mobile) _____

Other children living with applicant (brothers or sisters & ages) _____

Please provide a description of this child's character, social skills and behaviors which may affect the camper's interaction with his/her cabin mates during their stay at camp. This information is confidential and is shared only with the cabin counselor to help provide a positive camp experience for your child.

Is this child currently taking any medication for behavior purposes? _____ Yes _____ No

Is so, what kind? _____ Will this be taken during camp? _____

Does this child have a speech impairment? _____ Yes _____ No

Is this child Deaf or Hearing Impaired? _____ Yes _____ No If yes, indicate which _____

Does he/she use sign language to communicate? _____ Yes _____ No

Does he/she wear a hearing aid? _____ Yes _____ No Cochlear implant? _____ Yes _____ No

Can the camper swim? _____ Does this child have any activity limitations? _____

Specific activities to be encouraged? _____

Has the applicant been to camp before? _____ If so, when? _____

Where? _____

PICTURE PERMISSION: Presentation of slides, prints and videos about Camp Sertoma adds tremendously to our camper and staff recruitment. If you **do not** want to release pictures that include your child check this box .

THIS MUST BE SIGNED FOR CAMPER TO ATTEND CAMP

Clemson University Parental Permission Form and Release of Liability for Camp Sertoma

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in CAMP SERTOMA at Clemson University (UNIVERSITY) which will take place on _____ (dates of camp). In consideration for my child being allowed to participate in Camp Sertoma, I the undersigned, acknowledge, appreciate and agree that:

1. Camp Sertoma affords my child the opportunity to participate in activities, including, but not limited to: archery, overnight camping, swimming, group activities and games, canoeing, ropes course, lake activities and crafts. There are inherent risks involved with these activities, including but not limited to property damage or loss, illness, disease, head injuries, cuts, infections, broken bones, sprains, wounds, burns, bites, falls from a height, drowning, or death. I choose to voluntarily allow my child to participate in Camp Sertoma. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in Camp Sertoma. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that Camp Sertoma is physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University, Camp Sertoma of SC and their Boards of Trustees, their officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in Camp Sertoma (including transportation to and from Camp Sertoma), whether caused by negligence of the UNIVERSITY, Camp Sertoma of SC, their Boards of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY and Camp Sertoma of SC for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in Camp Sertoma.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date