



CAMP STRIVE: December '07

Registration Forms and Information

Camp STRIVE is a vacation and summer camp that provides campers, ages 15-24 with a developmental disability, the opportunity to make friends, participate in a variety of activities including: sports & games, cooking & nutrition, arts & crafts, field trips, in a safe and inclusive environment. More information available online at www.pslstrive.org

Below, you will find the list of forms, a registration checklist, and information on how to register.

FORMS: *(please complete one of each form for each camper and return to the STRIVE Center)*

1. Camper Application Form
2. Camper Release and Consent Form
3. Camp Registration Form *(Please note, if you would like early or late drop-off)*

REGISTRATION CHECK LIST:

Camper Application Form (2-pages)

Signed Recreation Waiver of Liability, Assumption of Risk, and Release form for camp participant. Note: waiver requires signatures in multiple places.

Camper Registration and Payment Form--- All camp fees must be paid in full before or on the first day of camp.

REGISTRATION INFORMATION:

You may register by fax, mail, or in person for the CAMP STRIVE summer session. We will mail you a receipt confirming your camp registration. Please make sure you have completed all the forms listed above and include any additional information you feel is applicable.

FAX (207)774-7695

MAIL STRIVE

28 Foden Road
South Portland, ME 04106

IN PERSON Monday - Friday: 9:00am-5:00pm

28 Foden Road
South Portland, ME 04106



www.pslstrive.org • info@pslstrive.org • (207) 774-6278

Camp STRIVE Application

(Please Complete and Return to STRIVE)

Camper Name: _____ Nickname: _____

Permanent Address: _____

City	State	Zip Code
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Home Phone Number: _____

Alternative Phone Number: _____

Age: _____ Date of Birth: _____ Sex: _____

Father/Guardian

Mother/Guardian

Name _____

Name _____

Address _____

Address _____

Town _____

Town _____

Phone _____

Phone _____

Business Phone _____

Business Phone _____

Cell Phone # _____

Cell Phone # _____

Beeper # _____

Beeper # _____

MUST PROVIDE 2 NAMES AND NUMBERS OF TWO PEOPLE WHO WE MAY CONTACT IN THE EVENT OF AN EMERGENCY. THESE PEOPLE SHOULD BE AVAILABLE AT ONE OR MORE OF THE NUMBERS YOU LIST DURING THE ENTIRE TIME THAT YOU ARE AT CAMP.

Emergency Contact Name: _____

Relationship to camper: _____

Emergency Contact Home Phone #: _____

Work #: _____

Cell or Pager #'s: _____

Emergency Contact Name: _____

Relationship to camper: _____

Emergency Contact Home Phone #: _____

Work #: _____

Cell or Pager #'s: _____ (Over Please)

Camp STRIVE Application Form (Page 2)

Please provide all relevant healthcare information (use additional space if necessary.)

Parent/Guardian Name: _____

Parent /Guardian Address: _____

Parent /Guardian Home Phone #: _____

Work #: _____

Cell or Pager #'s: _____

Emergency Contact Name: _____

Relationship to camper: _____

Emergency Contact Home Phone #: _____

Work #: _____

Cell or Page #'s: _____

Camper's Primary Doctor: _____

Doctor's Phone: _____

Medical Insurance Name and Number: _____

Does this camper have seizures? Yes ___ No ___

If yes, type and duration: _____

Does this camper have any allergies? Yes ___ No ___

If yes, please list all: _____

Does this camper take any medication? Yes ___ No ___

If yes please list all medications: _____

Does camper have any mobility, communication, health, hearing, vision, or behavioral issues of which we should be aware of?

If yes, please explain: _____

Special Dietary Needs: _____

Parent/Guardian Signature

Date

CAMP STRIVE

- A. Pictures of camper (s) and camper(s)'s activities may be taken and used for publicity purposes including but not limited to publications in commercial periodicals and program newsletters.
_____ **Initials of parent or guardian.**
- B. **RELEASE:** I hereby release Peregrine Corporation, Camp STRIVE, and its employees/volunteers of any responsibility or liability for any injury and/or illness derived from participation in the Camp STRIVE Program.
_____ **Initials of parent or guardian.**
- C. I hereby give permission for my camper to participate in any off site field trips which are part of the day camping program.
_____ **Initials of parent or guardian.**
- D. I give consent for transportation to a medical facility (by ambulance or employee vehicle) in the event of an emergency.
_____ **Initials of parent or guardian.**
- E. I understand that the permission I have given by signing this form is a material inducement to acceptance of my child as a camper. I also confirm that I have given Camp STRIVE complete and accurate information on my child.
_____ **Initials of parent or guardian.**

Signature of parent / guardian

Date

