



2018 Camp STRIVE

Camper Application and Registration Forms

Camp STRIVE provides tween, teens and young adults, ages 11-24, with a supportive, safe, and active program during school vacations and throughout the summer. During each camp session, campers participate in activities including cooking, community trips, arts and crafts, games and physical fitness and of course social time! Campers are supported at all times by professional staff who have completed PSL's full training and are certified Direct Support Professionals.

More information is available online at www.pslstrive.org/camp

COST: The cost of Camp STRIVE is \$45 per day, or \$200 for five days. An early drop off period, beginning at 8am is an additional \$10/day. Payments may be made with cash, credit/debit card, or check. Please make all checks payable to STRIVE.

*Please note- If the camper is out sick or otherwise does not attend, they are still responsible for that week's payment. Excusal of payment will be considered for personal vacations with advance notice and in cooperation with STRIVE Program Coordinator.

REGISTRATION FORMS AND CHECK LIST:

- Camp STRIVE Application Form
- Release and Consent Form

REGISTRATION INFORMATION:

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

Preregistration for camp is required. Please notify STRIVE of any scheduling changes one full day (24 hours) in advance.

CONTACT INFORMATION:

Olivia Fraioli

STRIVE Program & Events Coordinator

PHONE: (207) 774-6278

FAX: (207) 774-7695

MAIL: STRIVE

28 Foden Road

South Portland, ME 04106

PHYSICAL ADDRESS:

Monday - Friday: 7:00am-5:00pm

28 Foden Road

South Portland, ME 04106

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Application

Camper Name: _____ Nickname: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternative Phone Number: _____

Age: _____ Date of Birth: _____ Sex: _____

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Home Phone: _____

Home Phone: _____

Work/Business Phone: _____

Work/Business Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

PLEASE PROVIDE **NAMES AND PHONE NUMBERS OF TWO PEOPLE** WHO WE MAY CONTACT IN THE EVENT OF AN EMERGENCY AND THE PARENT/GUARDIAN(S) LISTED CANNOT BE REACHED.

Emergency Contact Name: _____

Relationship to camper: _____ Authorized to pick up camper? Yes _____ No _____

Home Phone: _____ Work/Business Phone: _____

Cell Phone: _____

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Application

Emergency Contact Name: _____

Relationship to camper: _____ Authorized to pick up camper? Yes _____ No _____

Home Phone: _____ Work/Business Phone: _____

Cell Phone: _____

TRANSPORTATION ALERT (Please alert us to people you **DO NOT** want to be authorized to pick up the camper.) As a parent or legal guardian, I **DO NOT** authorize my student to be released/picked up by the following people.

Name: _____ Relationship to camper: _____

Name: _____ Relationship to camper: _____

Medical

Camper's Primary Doctor: _____

Doctor's Phone Number: _____

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: _____

Special Dietary Needs: _____

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Does this camper have any mobility, communication, health, hearing, vision or **behavioral challenges** we should be aware of? If yes, please explain _____

If yes, are there tips or techniques that STRIVE staff could use when providing support during these challenges? _____

Does this camper have any challenges with community safety skills that we should be aware of? If yes, please explain _____

REGISTRATION FORM

Camp STRIVE Schedule	Registration
Start Date: _____	<input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday
End Date: _____	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Approved Payment Schedule
<input type="checkbox"/> In advance <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Additional Scheduling Information:

Parent/Guardian Signature

Date

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RELEASE AND CONSENT FORM

- A. Pictures of camper and camper'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 PSL, 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 that are part of the Camp STRIVE 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.
Hospital of Choice _____
_____ **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 camper as a Camp STRIVE participant. I also confirm that I have given STRIVE complete and accurate information on my child.
_____ **Initials of parent or guardian.**
- F. I understand that I am responsible for payment of any and all days registered unless given notice of schedule change to staff by the end of the day prior to scheduled session.
_____ **Initials of parent or guardian.**

Signature of parent / guardian

Date