

ORTON SUMMER CAMP 2019

VOLUNTEER AGREEMENT

Name: _____

Date of Birth: _____

Age: _____

Address: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact

Name: _____

Relationship: _____

Email: _____

Phone Number: _____

Alternate Phone Number: _____

Orton Summer Camp thanks you for your valuable participation. We hope you find the experience enjoyable and worthwhile.

As a volunteer, I understand and agree that I will be representing Orton Summer Camp throughout my designated camp session(s). I agree to:

1. Perform assigned duties during the camp session which may include (but are not limited to): assisting with the execution of large and small group games, assisting with arts & crafts activities, aiding in the supervision of campers, and preparation/setup and clean-up of activities.
2. Represent Orton Summer Camp in a safe, positive, and professional manner.
3. Review and follow safety and activity guidelines provided by the Orton Summer Camp during the camp sessions.
4. Adhere to the rules and regulations of the Orton Park and Orton Summer Camp as explained by the Director(s).

By signing this agreement, I agree that I am physically and mentally able to accept the above conditions of my participation.

I agree to volunteer my time for the following camp session(s):

- July 9th-13th (Mad Scientist)
- July 16th-20th (Animal Planet)
- July 23-27th (Survivor Week)

Please check one of the following:

- I am available all week
- I will be away the following day(s):

Print Name: _____

Signature: _____

Date: _____

MEDICAL AND HEALTH FORM

Volunteer's Name _____ Health Card # _____

Family Doctor _____ Telephone (Doctor) _____

Please circle any of the following health or medical conditions:

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in Volunteer camp activities:

- | | | |
|-----------------------------|-----------------------------|----------------------|
| Diabetes | Fainting Spells | Digestive upsets |
| Ear, Nose, Throat Infection | Rash | Seizures |
| Heart problems | Asthma | Feet or Leg problems |
| Migraine | History of Head injuries | Hemophilia |
| Urinary infections | Rheumatic Fever | Hernia |
| Chronic Nosebleed | Recent illness or operation | |
| Other _____ | | |

Give details of usual treatment for each of the above conditions indicated.

Please explain if your child has any medical condition that requires modification of his/her program.

Allergies/Asthma

Please list all known confirmed allergies and/or asthmatic triggers:

Allergy / Asthma	Rate Severity				Reaction/Treatment
	Mild	----->	Life	Threatening	
_____	1	2	3	4	_____
_____	1	2	3	4	_____

Does your child have an EpiPen? YES NO
Does child have an asthma inhaler? YES NO

***If allergy or asthma is Life-Threatening, campers must bring required medications for the duration of their stay at camp. ***

Is the camper self-medicating? YES NO

Medication

All medication shall be collected and monitored by the camp director. Does your child take prescribed medication on a regular basis? YES NO

Name of Medication	Reason	Dosage	Method of Administration

May camp staff administer sun screen, bug repellent (10% deet), and/or afterbite to your child? YES NO

If the answer above is No, please specify alternative _____

Dietary

Please list any foods your child should not eat for medical, dietary, or religious reasons

General

1) Does your child wear or carry medical alert identification? YES NO

If Yes, please specify what is written upon it _____

2) Does your child have any special fears or conditions, the knowledge of which will allow the camp director to make the camper's excursion more relaxed: YES NO

If Yes, please explain _____

Parental/Guardian Consent

To the best of my knowledge, Volunteer participant _____ (Child's Name) is in good health and is physically and mentally able to participate in all camp activities, except as noted in the Medical Form. I give permission for this health form to be shared with appropriate staff and outside medical personnel as necessary. Permission is hereby granted to the Camp Directors to dispense medication as requested by the child's acting Parent or Guardian. If my child requires medication to be dispensed during the camp, clear instruction and dosages will be provided to the Camp Directors and all medication will be clearly labeled.

Should it become necessary for my son/daughter to have medical care, I hereby give camp staff permission to use their best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ X Date _____

WAIVER AND RELEASE OF LIABILITY FORM

Please read carefully before signing.

I grant permission for my child(ren)/dependent(s) (please print):

to participate as a Volunteer in the Orton Summer Camp.

Consent of Enrolment

I understand that in order to participate in this program, my child (ren)/dependent must abide by the established rules and codes of conduct established by the program staff. Orton Summer Camp reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. In severe circumstances, a child's dismissal will be at the discretion of the Directors of the Camp.

Consent to Participate in Camp Program

I understand and agree to assume any and all the risks associated with participation in this Camp program. I certify that my child(ren)/dependent(s) is physically capable of participating in Orton Summer Camp and all related activities. Exceptions are noted in the medical form. I, the undersigned, waive and release Orton Summer Camp, its staff, volunteers and representatives from any and all liability, claims, demands, and causes of action arising out of or related to any loss, personal injury (including death), disease, illness, or property loss that may be sustained or occur from participation in or otherwise be associated with Orton Summer Camp.

I grant permission for my child (ren)/dependent(s) to participate in activities that are part of the scheduled activities for the Camp.

Photograph Consent

I consent Orton Summer Camp to use any photographs taken while participating in the Program including publications in written materials and promotional materials, in-house displays, website and internet without prior approval by the undersigned.

Please check here if you agree to photo consent:

YES

NO

Name of Parent/Guardian (please print) _____

Parent/Guardian Signature: _____ X Date: _____