



# CAMP ME

MOVEMENT + EMPOWERMENT



## THE ULTIMATE DANCE ADVENTURE REGISTRATION PACKET

# CAMP ME

## MOVEMENT + EMPOWERMENT

### CAMP ME REGISTRATION

**CAMP DATES: JUNE 23, 2019 - JUNE 29, 2019**

**\* APPLICANTS MUST BE AGES 12-17 & INTERMEDIATE TO ADVANCED DANCE LEVELS**

#### **CAMPER INFORMATION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Tee shirt size \_\_\_\_\_  
S/ M/L/XL

#### **PARENT INFORMATION** *(please note if parent address is different from student address)*

Parent / Guardian Name #1: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/ Guardian #1 Address (if different from student address above): \_\_\_\_\_  
Parent / Guardian Name #2: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

#### **EMERGENCY/MEDICAL INFORMATION**

Contact Name #1: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_  
Contact Name #2: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### **PARTICIPATION AGREEMENT**

I the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of CAMP ME classes, programs, and activities. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and all persons involved in the operation of CAMP ME's programs for any claims arising out of injury or other loss to the named applicant.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DROP OFF AND PICK UP INFORMATION**

Drop off and check in - Sunday, June 23, 2019 (11:00 am – 12:00 noon)

Pick up and check out - Saturday, June 29, 2019 (10:00 – 11:00 am)

Drop off and pick up times will be strictly enforced, as this is a private facility.

## **LIABILITY RELEASE**

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that CAMP ME, its instructors, its director, Eddie Garcia and all associated personnel shall not be liable in any way for injuries sustained during attendance at the camp or any of its related functions. I understand that dance classes and camp activities may involve hands on positioning, adjusting and cueing of the student's body by the instructor in order to provide the highest level of training.

## **MEDICAL RELEASE**

I understand that, should an event requiring medical attention arise, that every effort will be made to contact the listed parent/guardian, emergency contact person, and/or doctor submitted in the application. In the event that the aforementioned parties cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of CAMP ME, its instructors or director, Eddie Garcia to authorize any emergency medical care that may be required for the above student during participation in classes, performances, or any related CAMP ME events. This authorization extends until the student is no longer enrolled at CAMP ME and is no longer on the premises of CAMP ME. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

## **PHOTO RELEASE**

I hereby authorize CAMP ME, and its director, Eddie Garcia, and its associated staff and instructors to record my child's image or voice to publically promote the CAMP ME event(s) and website and brand. I understand that the images and or recordings may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me or my child by reason of such use.

## **TUITION AND PAYMENT AGREEMENT**

I agree to pay CAMP ME for the above student, per the published tuition rates for the dance camp. I understand that I can make payments by check, payable to CAMP ME, or by PayPal or credit card and that there will be a \$35 charge for all returned checks. I understand that payment of the camp tuition entitles students enrollment to the dance camp for the specific week applied for/paid and that no refunds partial or otherwise, are given for classes missed because of illness, vacation or camp closings due to acts of God such as inclement weather. I understand that the initial deposit of \$200 is non-refundable and required to secure admission.

☐ I have read, understand and agree to the Liability Release, Photo Release, Medical Release and Tuition Payment Agreement.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CAMP ME CAMPER CODE OF CONDUCT**

Camp ME wants to insure that all campers have a fun, exciting time during their camp session. With that in mind, there are behavioral guidelines campers are expected to follow. While Camp ME anticipates a few minor issues, it is good for all to understand the kind of conduct that allows everyone to enjoy a positive experience. Campers and their parent/guardian must read and sign this agreement and return it with the application.

At Camp ME the simplest guideline is to treat others the way you want to be treated by:

- Giving everyone in the camp community respect at all times.
- Showing respect for other's personal belongings, privacy, and feelings.
- Appreciating and caring for the camp's facilities, property and equipment.
- Staying in the presence of the camp's staff at all times.
- Using appropriate language and gestures.
- Staying safe and never engaging in an activity, which puts you, other campers, or staff at risk of injury.

All campers must agree to abide by the Camp ME rules, and to always follow the directions and guidance of the camp staff. Campers who fail to follow these behavioral expectations will receive guidance from the staff. If these issues persist, the parent/guardian will be contacted by phone and asked for assistance in helping their camper make better, more positive choices. If the behavior does not improve, the camper may be asked to leave the Camp ME. Parents will be responsible for their campers travel to and from camp.

**IMPORTANT: Campers asked to leave camp for behavioral reasons receive no refund of any kind.**

Examples of behaviors that are considered serious and can result in immediate expulsion from camp include, but are not limited to:

1. Possession, or use of, any item deemed dangerous by Camp staff, including: weapons; illicit or illegal drugs or other controlled substances; tobacco products of any kind; or alcoholic beverages.
2. Physical abuse including hitting, kicking, or pushing other campers or staff.
3. Repeated failure to follow staff instructions, particularly involving situations that put anyone in danger.
4. Leaving Camp property or a program area without the permission of Camp staff.
5. Verbal abuse of other campers or staff.
6. Behavior that negatively impacts another camper's experience.
7. Threatening harm to themselves or other campers during my stay at camp.



I have read and understand these behavioral expectations and I agree to abide by them at all times.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand these behavioral expectations. Furthermore I have discussed these expectations with my child who has agreed to abide by them at all times during their stay at camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Please submit your signed Camper Behavior Agreement with your pre-camp paperwork.)

# CAMP ME

## MOVEMENT + EMPOWERMENT

### PAYMENT INFORMATION

#### Enrollment fee for CAMP ME June 23, 2019-June 29, 2019

**\$1500** for a one-week stay including accommodations, meals, dance classes and all camp activities.

- An initial non-refundable, minimum deposit of \$200 is required to insure your camper's placement.

You may register online through PayPal by going to the Fees and Registration section of our website and clicking on the PayPal link.

A one-time **\$45 administration fee** will be added to all PayPal transactions to offset transaction costs.

We accept the following major credit cards: American Express, Visa, MasterCard, and Discover.

A one-time **\$45 administration fee** will be added to all credit card transactions to offset transaction costs.

To avoid the PayPal and credit card processing fees, you may pay by check.

For your convenience payments may be divided into installments:

- \$200 enrollment deposit – due at initial registration.
- To inquire about payment plans please contact us at: [info@campme.org](mailto:info@campme.org).

Make checks payable to:  
Camp ME  
927 E Foothill Blvd.  
Glendora, CA 91741

### CANCELLATION POLICY & REFUND POLICY

- **ALL RETURNED CHECKS ARE SUBJECT TO A \$35 FEE.**
- **THERE IS A \$200 NON-REFUNDABLE ENROLLMENT FEE.**
- **NO REFUNDS AFTER MAY 1, 2019**



**CAMP ME**  
**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of Camp ME (or for my children/camper(s) to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with Camp ME, the undersigned, for himself or herself and such participating children/camper(s) and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into Camp ME for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children/camper(s).

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER CAMP ME FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH CAMP ME, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN/CAMPER(S), HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Camp ME, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children/camper(s) and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children / camper(s) is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Camp ME.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children / camper(s) is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Camp ME. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children/ camper(s) due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of Camp ME and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Camp ME.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

☐ I HAVE READ, UNDERSTAND AND AGREE TO THIS RELEASE

\_\_\_\_\_  
Printed Name of Children/Camper(s) in Camp ME program

\_\_\_\_\_  
Printed Name of Parent Applicant/Guardian

\_\_\_\_\_  
Signature of Parent Applicant/Guardian

\_\_\_\_\_  
Date



# **OUTDOOR JOURNEYS PROGRAM WAVIER**



## **PARENTAL/LEGAL GUARDIAN PERMISSION**

I grant permission for my child or if over the age of 18 years accept to participate in all activities and camp programs, included but not limited to ropes course, out-of-camp trips by van, bus or other designated vehicles, understanding that appropriate supervision is provided under the State of California requirements for residential camp programs. I also understand that during my child's participation at Outdoor Journeys Camp Nawakwa, s/he/I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. As a condition of my child's participation in the Program, I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail. I voluntarily agree to release, indemnify, and hold harmless Outdoor Journeys Inc., its officers, directors, agents and employees, to the fullest extent permitted under the law. I understand that this release covers all liabilities, charges, expenses and costs on account of or by reason of any such injuries, claims, actions, or other legal proceedings however occurring or damages growing out of the same. The authorization shall remain effective throughout the entire camp session(s) the child attends unless sooner revoked in writing delivered to said agent(s). This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Outdoor Journeys is not responsible for lost, stolen or damaged articles. I authorize Outdoor Journeys, to have and use photographs, slides and/or video of my child/myself listed on this form for marketing and/or advertising purposes (only), and I hereby consent to and authorize such use without seeking remuneration.

Outdoor Journeys has strict guidelines on how staff uses their personal social media sites with regard to their employment. Camp attendees who are minors are not permitted to have contact with adult staff outside of camp including social network sites unless they have written permission from their parent or guardian.

**I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT**

**If participant is under the Age of 18 years a parent or guardian signature is required**

**Parent/Guardian Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Use reverse of form for any additional participants.**

**Outdoor Journeys**

**1226 N. Campus Ave, Upland CA 91786 (909) 982-5400 (909) 982-5454 fax**

**This institution is an equal opportunity provider in accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

# OUTDOOR JOURNEYS

## HEALTH HISTORY FORM FOR CAMPERS/STAFF ATTENDING CAMP NAWAKWA

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First mm/dd/yyyy

Home Address \_\_\_\_\_  
Street Address City Zip

Gender: Male ☐ Female ☐

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Business Address \_\_\_\_\_

Second Parent or guardian emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? Yes ☐ No ☐

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Insurance ID number \_\_\_\_\_

Important – this box must be complete for attendance to Camp Nawakwa

Permission to provide necessary treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency,

I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photo-copied for trips out of camp.

Signature of parent or guardian or adulamper/staffer \_\_\_\_\_

Date \_\_\_\_\_

## Health History

The following information must be filled in by the parent/guardian, adult camper or staff member. This information provides camp health care personnel the background to provide appropriate care. Provide complete information so that the camp can be aware of the needs of this participant.

**Is this child “mentally or physically challenged”?** \_\_\_\_\_ **If yes, please attach a page providing additional information.**

List any activities in which you **DO NOT** want your child to participate:

Archery\_\_\_\_\_Canoeing\_\_\_\_\_Hiking\_\_\_\_\_Swimming\_\_\_\_\_Wall Climbing\_\_\_\_\_

ALLERGIES (List all known) Describe reaction and management of the reaction

Food Allergies (List)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

**MEDICATIONS BEING TAKEN** (Please list ALL medications-including over-the-counter or nonprescription drugs taken routinely. Camper should bring enough medication to last the entire time at camp. Keep in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

☐ This person takes **NO** medications on a routine basis.

☐ This person takes medications as follows:

Med #1\_\_\_\_\_Dosage\_\_\_\_\_Specific times taken each day\_\_\_\_\_  
Reason for taking\_\_\_\_\_

Med #2\_\_\_\_\_Dosage\_\_\_\_\_Specific times taken each day\_\_\_\_\_  
Reason for taking\_\_\_\_\_

**Restrictions** - The following restrictions apply to this individual:

Dietary: ☐ Does not eat red meat ☐ Does not eat pork ☐ Does not eat eggs  
☐ Does not eat poultry ☐ Does not eat seafood ☐ Does not eat dairy products

☐ Other (describe)\_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Does participant experience any of the following: ☐ sleepwalking ☐ other sleep disturbances ☐ restlessness  
☐ nightmares ☐ bed wetting ☐ fainting ☐ convulsions ☐ constipation ☐ stomach upsets ☐ emotional problems  
☐ asthma ☐ chest pains after exercise ☐ frequent headaches ☐ seizures ☐ ear infections

Please explain\_\_\_\_\_

Give year of last immunization or booster against: DTP\_\_\_\_\_ Varicella\_\_\_\_\_ MMR\_\_\_\_\_ Polio\_\_\_\_\_ HIB\_\_\_\_\_  
Hep.B\_\_\_\_\_ Hep. A\_\_\_\_\_ Tetanus\_\_\_\_\_ Other\_\_\_\_\_

Which of the following has participant had? ☐ Measles ☐ German Measles ☐ Chickenpox ☐ Mumps  
☐ Hepatitis ☐ Others\_\_\_\_\_

Name of Family Physician \_\_\_\_\_Phone\_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signed\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_

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# CAMP ME™

## MOVEMENT + EMPOWERMENT

### WHAT TO PACK

(Remember Old clothes are best)

**MAKE SURE ALL CLOTHING, EQUIPMENT, AND PERSONAL ITEMS ARE LABELED WITH CAMPERS NAME.**

**Camp ME will not be responsible for any lost or broken items.**

- Bandana/Scarf (optional)
- Hat
- Glasses/contacts and cleaning solution
- Prescription medication
- Sunglasses (optional)
- Light jacket
- Jeans (or long pants)
- Raingear or umbrella
- Shorts (comfortable for dancing and/or hiking)
- Sweatshirt
- Warm sweater, jacket or coat
- Swimsuit
- T-shirts
- Long sleeved shirts)
- Tank tops
- Underwear
- Sweat pants or warm-up pants
- Pajamas
- Bras (sports bras)
- Athletic support (for male dancers)
- Hiking Boots (optional)
- Flip flops or sandals (optional)
- Tennis Shoes (or closed-toe shoes)
- Socks
- Bedding (sheets for twin bed) – warm sleeping bag & pillow  
If you don't have sleeping bag – regular bedding and old warm blankets (which can also be used around the campfire)
- Wash cloth and bath towel
- Beach towels — can be used for bath or swimming

- Comb or brush
- Deodorant
- Feminine hygiene products
- Bug repellent
- Lip balm
- Shampoo and conditioner
- Soap
- Sunblock
- Tissues
- Toothbrush (in a container)
- Toothpaste
- Camera (optional)
- Laundry bag (an old pillow case works just fine)
- Reusable water bottle or canteen
- Flashlight and extra batteries
- Small backpack or tote for day-trips (optional)
- If you'd like a letter home we recommend a pre-addressed stamped envelope or postcard.
- Pen, pencil and paper

**CAMPERS MAY NOT BRING THE FOLLOWING:**

Food or snacks, radios, MP3 players, iPods, electronic games, expensive watches, jewelry, gum, candy, money, pocket knives or sharp objects, or other valuables. Such items will be confiscated and then returned at the end of camp.

**NOTE: Cell phones/smart phones will be collected upon arrival. Camp staff will be taking pictures and video throughout the week.**

**MEDICATION:**

Make sure your camper brings their prescribed medications and that they have enough to last their time at camp. Any camper that does not bring their medication or enough supplies will be sent home, **no exceptions.**





## Submission of entire Registration Packet by email or mail

**Email Address:**

Registration@CampME.org

**Mailing Address:**

CAMP ME  
927 E Foothill Blvd.  
Glendora, CA 91741

We know that you have many choices when it comes to dance.  
CAMP ME is committed to providing the best all around experience for your camper.

[www.campme.org](http://www.campme.org)