

Registration Form for Russian Children's Camp "PEARL"

June 25-30, 2017 and/or August 6-11, 2017

Please PRINT and use a SEPARATE registration form for each camper.

The first camp session in June will contain a musical focus program so please only apply if you are able to attend the concert on Friday, June 30th at 5:00 pm.

Camper Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ (mm/dd/yyyy) Grade Completed by June 2017: _____

Gender: Male or Female Proficiency in Russian language: 0(None) 1 2 3 4 5 6 7 8 9 10 (excellent)

Street Address: _____

City: _____ State: _____ Zip: _____

T-shirt size (Circle one size): Youth: YS YM YL YXL or Adult: S M L XL Other: _____

Name of Father/Guardian: _____ Telephone: _____

Email: _____

Name of Mother/Guardian: _____ Telephone: _____

Email: _____

Other Contact Person: _____ Telephone: _____

CHRONIC HEALTH CONCERNS OR DISEASES: Describe your camper's chronic illness or disease and how you take care of it at home. _____

ALLERGIES: Please describe what this camper is allergic to; describe the reaction; and what is done to manage the reaction. _____

MEDICATIONS: Please inform us of any medications that your child will need in camp, at what time(s) they are to be given, what dosage, and any other important information: _____

MEDICAL INSURANCE: Is the camper covered by medical insurance? Yes or No

Medical Insurance Company: _____ Medical Insurance Policy #: _____

Parents/guardians are financially responsible for health care given by an out of camp provider. Insurance concerns can only be managed by parents/guardians and their insurance company. You may want to notify your insurance to determine if your insurance will work while your child is in our program and/or what you need to do should your child need healthcare. Our healthcare provider will make every effort to contact you by phone if your child has need for out-of-camp healthcare. Although it is determined on a case-by-case basis, we generally do not contact you if your child is seen by the nurse or healthcare provider for routine problems (e.g. skinned knees, sore throat) that do not require a physician referral. Please describe below if you want us to follow a practice different from what is described.

WAIVER OF CLAIM: I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in Camp Pearl activities. In signing this document, I hereby certify that the above information is correct and give permission for my son or daughter to be transported for approved out-of-camp activities; for the use of video/photographs including my son or daughter to be used in camp publicity; and for the release of medical records in the case of illness. In the event I cannot be reached, I hereby give permission to the physician selected by Camp Pearl staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. In consideration of permission granted the herein named individuals to participate in camping activities, we hereby covenant with Camp Pearl that we will never, individually, or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, camping and other related activities sponsored by Camp Pearl, its successors, and legal representatives.

Registration is incomplete until the payment has been received by Camp Pearl.

Refund Policy: A \$30 administrative fee will be subtracted from all refunds. Remaining amount will be fully refunded if request is made at least ten (10) days prior to the start of your assigned camp session.

Yes, my child is a first time camper at Pearl Children Camp. I was referred by _____

Please mail or email registration form to: Email: russiancamppearl@gmail.com

Please send check or money order (\$205 for one week) to: **Russian Camp Pearl, 10830 Main Street, Fairfax, VA 22030**

PARENT/GUARDIAN SIGNATURE: _____ **DATE OF SIGNATURE:** _____