

CYO/CAMP HOWARD SUMMER ACTIVITIES REGISTRATION 2010

Last Name _____ First Name _____
(as it appears on the birth certificate)

Address _____ City _____ State _____ Zip _____

Birthdate M___/D___/YR___ Age at Camp___ Gender M___ F___ Grade in Fall '10___

Sport Camp T-Shirt Size: YOUTH Med [] Large [] ADULT Small [] Med [] Large [] XLG []

Parent/Guardian

Name(s) _____ Address if different from above: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Father's work# _____ Mother's work# _____

E-mail address _____ Father's cell _____ Mother's cell _____

Insurance Company _____ Group / ID# _____ Hospital _____
Required to Participate

Statistical Purposes:

Religious Affiliation _____ Parish _____

School Attending _____ How many years have you attended CYO Summer camp? _____

How did you hear about us? (Mark all that apply)

Brochure at School [] Brochure at Church [] Brochure at Home [] Friend [] Past camper []
 Website [] Classroom presentation [] Catholic Sentinel [] TV Advertisement [] Other _____

The following forms are required for registration and attendance at any of the listed activities:

- ___ CYO/Camp Howard Health History & Exam Form (completed and signed by parent and physician annually)
- ___ CYO/Camp Howard Permission and Participation Agreement (signed by parent and child)
- ___ Complete this Registration Form & mail with non-refundable \$50.00 fee. OR fax to Portland office if paying by credit card. (Credit card charges must pay in full at time of registration unless registering on line).

All forms are available on the website or call and ask that one be mailed or faxed to you.

Activity Choices are listed in the camp brochure or on the CYO/Camp Howard website.

PAYMENT METHOD Check Enclosed []
 VISA [] MASTERCARD [] DISCOVERCARD [] AMEX []

Please register me for the following activities:

Session #	Program Name	Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Credit Card # _____

Expiration Date: ____/____/____ CVV Code _____
(3 digits on back of card)

Name on Card _____

Signature **X** _____

Cabinmates: Cabinmate choices will be made by campers upon arrival at camp.

Camp Howard Store Credit.....\$ _____

Care Package (Available at Camp Howard).\$ _____
 \$25.00

Camp Howard T-Shirt.....\$ _____
 \$15.00

Camp Howard Sweatshirt.....\$ _____
 \$25.00

CYO/Camp Howard Summer Activities

825 NE 20th Ave # 120
 Portland, OR 97232

Phone: 503-231-9484 Fax: 503-231-9531

Register online at: www.cyocamphoward.org

CYO/Camp Howard Summer Activities Permission and Participation Agreements

Last Name <small>(As it appears on birth certificate)</small>	First Name	Birthdate	Father's Name	Mother's Name
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RELEASE OF ALL CLAIMS: (Injury Risks, Insurance Waiver, Emergency Medical, Participant Code of Conduct)

By its nature, participation in athletics/camping includes risk of injury that may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised athletic/camp programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches/counselors, follow a proper conditioning program, and inspect their own equipment daily.

I have read the above warning and release and understand its terms. I understand that all sport/camp activities can involve **RISKS OF INJURY**, including, but not limited to, those risks outlined above. In consideration of CYO/Camp Howard permitting my child to participate in this sport/camp activity I hereby agree to hold CYO/Camp Howard, collectively and individually, its employees, agents, representatives, medical personnel, coaches, counselors and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever that may arise by or in connection with participation of my child/ward in this sport/camp activity. This includes all claims based on negligence. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, director, assignees, and for all members of my family.

By signing this Permission and Participation Agreement, we acknowledge that we have read the above information. **PARENTS OR CHILDREN WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS Permission and Participation Agreement.** "I hereby give my consent for the above-named athlete/participant, 1. To participate in the camp and athletic activities as described above and approved by the participants examining medical doctor; 2. To receive, through a medical doctor of the Program Director's choice, emergency medical care that may become reasonably necessary in the course of such sport/camp activity. I further agree not to hold CYO/Camp Howard or anyone acting in its behalf responsible for any injury occurring to the above-named participant in the proper course of such camping/athletic activities."

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT: In emergency, contact the parent or legal guardian as indicated on this form. I as the parent or guardian of the participant above recognize that as a result of sport/camp activity participation, medical treatment on an emergency basis may be necessary and further recognize that the Program Director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

PUBLICATIONS: I hereby give CYO/Camp Howard permission to use my child's photograph for Advertising and/or newspaper purposes in the promotion of CYO/Camp Howard.

ATHLETIC INSURANCE WAIVER: I fully understand that CYO/Camp Howard does not provide accident or health insurance coverage for my boy/girl while participating in camping or athletic activities. I fully understand that it is my responsibility to provide insurance coverage. I have insurance with the insurance provider as identified on this form. Should this information change I will notify CYO/Camp Howard. My medical/accident insurance company will pay the medical or surgical expenses that result from any injury, major or minor, that the above named child may receive as a result of practicing or performing in athletics with CYO/Camp Howard. This insurance will also cover the above named child while traveling to or from this sport/camp activity. Since I, the parent or guardian of the above named athlete/participant, have an insurance policy that will provide adequate financial coverage for any type of injury or injuries or whatever might result there from, I the parent or guardian agree to release the CYO/Camp Howard or any part thereof, from any obligation as pertains to financial responsibility in these matters for the CYO/Camp Howard participant year or any period of time thereafter.

Parent/Legal Guardian initials _____ **X**

ATHLETE/CAMPER CODE OF CONDUCT: CYO/Camp Howard endeavors to provide activities under conditions that are safe and enjoyable, which promote Catholic/Christian values. Any conduct that interferes with the ability of a CYO/Camp Howard employee, volunteer, or youth participant to facilitate or participate in these opportunities, including harassing or other discriminatory conduct is detrimental to every one of us and the organization as a whole. Consequently, CYO/Camp Howard's policy requires more than just obeying the law. It requires that individuals at all levels of our organization conduct themselves with respect for the dignity of others in their role with CYO/Camp Howard. Participants shall 1. Respect themselves, 2. Respect others, 3. Respect the environment, 4. Respect the buildings and property, 5. Follow Directions, 6. Use proper language, 7. Not discriminate or intimidate, 8. Not maliciously tease other people, 9. Not engage in sexual activity including holding hands and kissing. All behavior violations will be strictly enforced and will be interpreted by the Camp Director. There are four levels of discipline. 1. Verbal warning, 2. Written contract, 3. Telephone to parents, 4. Sent home. (Parent will be required to provide travel arrangements.)

Camper/Athlete initials _____ **X**

Sexual Harassment: Like other forms of unlawful harassment, sexual harassment is a violation of state and federal law and is strictly prohibited. While sexual harassment is sometimes difficult to define, in general, sexual conduct or conversation is inappropriate. In addition, sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that may be offensive or intimidating to others are strictly forbidden. Sexually harassing conduct may be in the form of physical or verbal conduct, including inappropriate touching or gestures, or comments of a threatening, intimidating, demeaning or belittling nature (even if intended as sarcasm or a joke). *What to do if you feel that discrimination or harassment has occurred;* If you believe that you or any other individual has been subjected to discrimination, including sexual or other forms of harassment, you should immediately notify the Camp Director. CYO/Camp Howard takes such complaints extremely seriously and investigates promptly so that appropriate corrective action can be taken to eliminate any unacceptable conduct. It is critically important to the success of our programs that all individuals feel free to come forward with any complaints or concerns regarding inappropriate conduct. Retaliation against anyone who, in good faith, makes a complaint or provides information concerning a complaint is forbidden in the strongest possible terms.

NOTE: For youth participants, both participant and parent must sign this form. All 4 X's must be completed or form will be returned.

X

Signature Date
PARENT/LEGAL GUARDIAN

X

Signature Date
PARTICIPANT

HEALTH HISTORY & EXAM FORM

2010

Child will participate in (Check all that apply):

Football Regular Season Football Camp Basketball Camp Cheer Regular Season
 Camp Howard Session #: _____

Participant Last _____ **First** _____ **Birthdate** _____ **Gender: M** **F**
(As it appears on birth certificate) M/D/Y

Family Information:

Father/Guardian Name: _____ Mother/Guardian Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Physician: _____ Clinic: _____ Telephone: _____

Family Medical/Hospital Insurance: Name of Co. _____ **ID/Group #:** _____
Required to Participate

Emergency contact: (Other than parent)

Name: _____ Relationship to camper: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Health History: To be completed by Parent/Guardian. Due in the office two (2) weeks prior to participation-

Past Medical History and Treatment(s): _____

Current Medical Treatment(s) and/or medications: _____
Allergies: _____
Dietary Restrictions: _____
Activity Restrictions: _____

Immunization History: (Dates Required. "Current" is not acceptable)

Vaccines	Dates	Vaccines	Dates
DPT or TD	_____	Varicella	_____
Polio	_____	Hepatitis A	_____
MMR (Mumps, measles, Rubella)	_____	Hepatitis B	_____

Date of Last Tetanus Shot: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel to administer treatment and/or over-the-counter medications; to release any records necessary for insurance purposes; and/or provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips off site.

Signature of parent/guardian: **X** _____ Date: _____

Health Examination: To be completed by Licensed Medical Personnel

Current or on-going treatment(s) and/or medications: _____

Any physical condition(s) requiring restriction(s) on participation in the program and a description of that restriction: _____

Date of last Health Exam: _____ **Exam date must be within 24 months of participation**

X _____ Date of form completion: _____

Licensed Medical Personnel Signature (Must be signed each year)

**Please mail to: CYO Camp Howard, 825 NE 20th Avenue, Suite 120, Portland, Oregon 97232
Or fax to CYO Camp Howard – Fax Number: (503) 231-9531**

Please keep a copy of this document for your records

CYO Office Use Only

Last Name: _____ **First Name:** _____

Exam Good Through: _____ **Signature Good Through:** _____