

**SERTOMA DEAF CAMP
PARENT'S AGREEMENT AND CONSENT FORM**

CHILD/STAFF RATIO – Our structure is developed to work with young people who can succeed in a program of a 1:8 staff/child ratio. During Sertoma Deaf Camp we will make all efforts to have at least one signing staff member in each cabin group. Where this is possible the staff/child ratio will be 1:3. Sertoma Deaf Camp is not a place for young people who have had frequent discipline problems.

FEES – Camp fees will be paid in advance (\$350 per camper, including a \$50 non-refundable deposit) and will not be refunded if my child returns home voluntarily or is dismissed.

DISCIPLINE – The Center staff, (which includes summer camp staff, Sertoma Deaf Camp Coordinator, Sertoma volunteers) has my permission to discipline my child (no physical contact). However, the camp staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others. I understand that the Sertoma Deaf Camp Coordinator/Director reserves the right to dismiss my child if he or she, in the opinion of the Sertoma Deaf Camp Coordinator/Director becomes a discipline problem or is disruptive to the program. Staff will counsel the campers whenever possible to avoid dismissal of any child.

MEDICAL COST AND INSURANCE - Neither the 4-H Center nor the camp staff shall be liable for the cost of any medical treatment. I understand that camp insurance covers only certain accidents and illnesses. I/We will be responsible for, any pay for, any medical charges not covered by insurance. Limit of camp insurance for accident is \$2,500 and for illness is \$1,000. Camper illness and/or injury sustained while at camp must be reported and recorded while on site to be covered by the Center's insurance. Pre-existing illness (asthma, diabetes, etc.) are not covered.

CAMPER'S PERSONAL PROPERTY – Neither the 4-H Center nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring radios, cd players, pagers, cell phones, game boys or other expensive property to camp.

DAMAGE – I/We will be responsible for and pay for any damage done by my child either alone or with others.

NO ONE is to leave the Center grounds without permission of the Center Director and/or the Sertoma Deaf Camp Coordinator. Permission must be secured **BEFORE** leaving the Center grounds.

MEDICATION – I understand that medications are to be turned over to center health personnel and not kept by my child while attending camp.

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician/dentist selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child. I also give permission for first-aid treatment of my child at camp by designated personnel.

I AM RESPONSIBLE FOR:

- a) Picking up my child in the case he/she is ill or dismissed from camp within 4 hours of notification.
- b) Providing proof of authorization to take custody of the child.
- c) Providing an emergency contact & phone number of someone who is responsible for the camper.

SPECIAL NEEDS/DISABILITIES: Campers need to be able to dress, eat and use the bathroom without assistance.

Please initial in the appropriate space. My child either

- 1) Does not have special needs/disabilities (_____) or
- 2) I have contacted the Sertoma Deaf Camp Director via the "Special Needs/Disability Form" regarding my child's disability prior to camp (_____)

TRIP & TRAVEL - I understand that my child is taken off site for 1 day where they will participate in adventure based programs to include hiking, canoeing, and swimming at Hanging Rock State Park. I give my permission for my child to participate in this program.

Camper's Name _____

I/We _____ have read and understand this entire form and I/We agree to be bound by the conditions and agreement.

SIGNATURE OF PARENT/GUARDIAN

Emergency Phone #: _____ Home Phone #: _____

Work Phone #: _____

EMERGENCY CONTACT _____

(OTHER THAN PARENT/GUARDIAN) Home Phone #: _____

Work Phone #: _____

(Please include all area codes, page numbers or cellular phone numbers so it will help us reach you in case of an emergency.)