

Camp San Joaquin
Participation Release

Camp San Joaquin makes every effort to provide a safe and enjoyable experience for your child. We do require that this participation release be read, completed, signed, and dated by the parent or legal guardian of each child who wishes to participate in the activities at Camp San Joaquin.

I give permission for my son or daughter to participate in the activities that occur at Camp San Joaquin. Including, but not limited to: swimming, biking, archery, volley ball, basketball, horseshoe throwing, and other strenuous, competitive games. I grant this permission with full knowledge that I accept full responsibility for any accident or injury that may occur.

I, on behalf of my child, agree to release and hold harmless Camp San Joaquin Inc., it's Board of Directors, employees and agents, for any and all claims for injuries, or liability related to my child's participation in any activity occurring at Camp San Joaquin. This release does not apply to any willful acts of misconduct by Camp San Joaquin staff, Board members, employees and agents.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my child's participation in these activities, I may be found by a court of law to have waived any right to maintain a lawsuit against Camp San Joaquin, on the basis of any claim which has been released herein. I have read and understood this document and agree to be bound by it's terms.

Parent or Guardian's

Signature _____ Date _____

Print name _____

Relationship to child _____

Camper's name _____

Fill out and return to camp Registrar

Camp San Joaquin Registrar, 120 N. Hall, Visalia, CA 93291

For questions regarding registration call Betty, (559) 732-4821

BOTH SIDES MUST BE FILLED OUT AND SIGNED

CSJ CAMPER APPLICATION

Name of Session _____

Session Date _____

Name of Camper: _____

Male
Female

Address _____

City, State _____

Zip _____

Birthdate _____

Age _____

Grade (this fall) _____

Parent/Guardian _____

() _____
Home Phone Number

() _____
Work Phone Number

Camper's Home Church _____

Priest or Pastor _____

I will abide by all Camp rules and understand that I will be called upon to assist with Camp duties. If I do not abide by the Camp rules my parent will be called to pick me up from camp (no refund will be granted when leaving camp early).

Camper Signature: _____

Parent/Guardian Statement: I give my permission for my child's attendance at the camp for which the application is being made. I understand that my child will abide by all Camp rules, and that the camper will be called upon to assist with Camp duties. I give permission for my child to be transported for special day trips by vehicle authorized by the camp. I am aware that Camp insurance pays only after the campers own insurance has paid.

Parent/Guardian

Signature _____

CSJ Health Form

Name of Camper _____

Male

Female

Date of birth _____

Parent/Guardian _____

Address _____

City _____

Zip _____

() _____ () _____ () _____

Home phone _____

Work _____

Cell _____

Emergency Contact _____

Home Phone _____

Cell _____

Camp Session _____

List any allergies your child has (including allergies to medication):

Has your child ever been stung by a bee? ____ Date of last tetanus booster: _____

List any dietary or activity restrictions your child has:

Any illnesses in past two months? Please list.

List any medications, including over the counter medications, to be sent with camper (send instructions with medication):

Family Physician _____ Phone Number _____

Medical Insurance and policy number. Please attach copy of insurance card, front & back.

I hereby authorize any necessary medical, surgical, or hospital care for the above camper, as determined by the Camp Nurse or Urgent Care physician or Emergency Care physician, while she/he is at camp San Joaquin. I also give permission for my child to receive over-the-counter medicines, as listed on the health form, from the Camp Nurse. To the best of my knowledge my child is in good health and can participate in the Camp program.

This document may be relied upon by any licensed physician, surgeon, dentist or appropriate hospital representative in accordance with Section 6910 of the Family Code of California. I authorize any hospital which has treated the above named minor to surrender physical custody of the minor to Camp San Joaquin staff. This authorization conforms to Section 1283 of the Health and Safety Code of California.

Signature of Parent or Guardian _____

Date _____

Things to Know About Camp San Joaquin

Camp San Joaquin is located in the High Sierras at an altitude of 7000 ft. It is cool here most of the summer - even when temperatures in the valley soar to over 100 degrees. Warm bedding is required. A sleeping bag is nice or at least two blankets and some sheets will work. Sweaters and jackets are necessary in the evenings to insure the camper's comfort. But you'll also want to bring shorts and a swim suit for the warm afternoons.

- ▶ NO FOOD OR DRINK IS ALLOWED IN THE CABINS BECAUSE OF THE BEARS.
- ▶ NO WEAPONS, ALCOHOL (INCLUDING BEER) OR DRUGS.
- ▶ NO RADIOS, HAIR DRYERS, ETC. CAMP SAN JOAQUIN IS POWERED BY GENERATOR AND THERE'S NO PLACE TO PLUG THEM IN. BUT WE LOVE THE FOREST SOUNDS ANYWAY.

Do bring: Sunscreen, camera, swimsuit, extra clothes, toothbrush/paste, pajamas, sunglasses, warm jacket and bedding.

Saturday, August 1st, is Camp San Joaquin Day. Mark your calendars now for this special day. More information will be forwarded to your parish as it becomes available.

Church Camps are held at Camp San Joaquin each year by several of the parishes in this Diocese. It's a great opportunity to spend some stress free time with your church family getting to know one another better and growing relationships. The fees are \$50 per night for adults, \$25 per night for children (6-13) and children 5 and under are free, with a maximum charge per family of \$150 per night. Contact Suzette Peters at (559) 734-7708 to schedule a time for your group.

Handy phone numbers to have:

Camp San Joaquin - (559) 565- 3511 (After June 1)
CSJ Registrar (Betty Peters) - (559) 732-4821
(From 1:00 - 3:00 PM after June 15)