

Parental Consent: Each section **MUST** be signed and returned in order to attend camp. For questions or to request an exception, please contact our Main Office.

Financial Requirements

- A minimum non-refundable deposit of \$150 per camper must accompany this application as a deposit. Applications submitted on or after April 9 must include payment in full.
- If the camper is withdrawn on or before April 9, \$150 will be retained as a non-refundable administrative fee. For campers withdrawn April 10 through May 14, 50 percent of tuition fees paid are refundable. Starting May 15, NO tuition will be refunded. If tuition has not been paid for registered sessions, I will be billed for the tuition. **THERE ARE NO EXCEPTIONS!**
- I understand that my credit card on file will be billed the full amount of any remaining account balance if not paid in full by January 29 or April 9 (depending on my registration preference).
- All fees will be refunded or returned if camper is placed on a waiting list and not accepted into the program. Sibling policy: Even if sibling is on a waiting list, I understand cancellation policies are still in effect for siblings who are enrolled.
- I understand that camp registration is non-transferable. I understand that Camp Sonshine sessions are two weeks in length and under no circumstances may sessions be split between campers. I understand that Camp Sonshine is not responsible for applications lost in the mail.
- I understand that full or partial payments may be made at any time and that there will be a tuition discount for sessions paid in full by January 29. In any event, all fees must be paid in full by April 9. I understand that not meeting the set fee deadlines will result in a late fee being added to my account and/or my child being withdrawn from camp without refund. Please see pages 7 and 8 for financial information and fee amounts.
- I understand the 24 hour departure change policy in which Camp Sonshine reserves the right to charge a \$7 administrative fee for changes in mode of departure made without a 24 hour notice.
- I have completed all required information and I have enclosed my payment. I understand that representatives of Camp Sonshine, cannot, without exception, guarantee availability on the phone. All applications are processed in order of arrival, and I will be notified by mail or phone if I am on a waiting list. Upon acceptance, I will be sent a confirmation letter or email.
- I understand that by signing this Parental Consent form I assume responsibility for payment of camp tuition and fees.

I understand and agree to all of the above financial requirements.

Parent or Guardian Signature

Date

First Aid and Safety Policies

- Since local health regulations prohibit the camp from administering non-prescription drugs without written parental approval, I authorize the camp to administer Children's Motrin, Children's Tylenol, Antacid (Tums), Children's Benadryl, cough drops, ear drops, and eye drops for appropriate symptoms as described on product label. I understand that certain topical over-the-counter medicines and products such as Cortizone, Bactine, Caladryl, Benzocaine, sunscreen, and bug spray are used for bee stings, poison ivy, bug bites, abrasions, skin irritations, and preventative measures. If any medicine listed above or any topical medicine is unacceptable, I will notify Camp Sonshine in writing in the "Health History and Medical Information" section of this application. I further give permission for Camp Sonshine to provide routine healthcare for minor scrapes, cuts, and other minor injuries or illnesses.
- **Camp Sonshine cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by a specific written authorization from the prescribing physician. I agree to have the medicine and forms turned in by the dates specified in the Parent Guide.**
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for and order medical care including but not limited to injections, anesthesia, or surgery for my child (as deemed necessary by licensed staff). My child's physician or his/her office should be contacted, if possible. I also understand that I am financially responsible for the medical care of my child.
- I certify that I have given Camp Sonshine correct medical information for my child(ren) and will notify the organization if there are any changes.
- My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and latestays or Overnights (where applicable), unless I notify the camp otherwise in writing in the "Health History and Medical Information" section of this application. I understand and realize Camp Sonshine will follow safety procedures, but that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, ropes courses, go-karts, camp craft, canoes, paddle boats, indoor and outdoor games, hiking, whitewater rafting, amusement parks, swimming, and other camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sonshine activities and the services and food arranged (when applicable) for my child by Camp Sonshine, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp Sonshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips, food provided, and related participation in any other activities arranged for by Camp Sonshine, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.

I understand and agree to all of the above first aid and safety policies.

Parent or Guardian Signature

Date

Additional Policies

- I understand that Camp Sonshine reserves the right to dismiss any camper when it is deemed necessary by the directors to be in the best interest of the child or the camp. Refunds are at the sole and absolute discretion of the executive director. I also give permission for Camp Sonshine to use my child's name, voice, testimonial, picture, and/or likeness in any type of promotional material, press releases, and news stories about camping or Camp Sonshine. I understand I must notify a director in writing (including a recent photo with name, age, and grade on back) if this is unacceptable.

I understand and agree to all of the above additional policies.

Parent or Guardian Signature

Date

