



Attach a recent photo for identification in case of emergency. Do not email photo.

FOR GIRLS ENTERING 5th-9th GRADES. Sunday July 21 – Thursday July 25.

Mail your application and payment to:
CMS, c/o 1452 Kingfisher Way, Sunnyvale, CA 94087
Checks are payable to CMS.

Camper's Name _____ Date of Birth _____ Age _____
School _____ Grade entering this fall _____ Church _____
Name of Parent(s)/Guardian _____
Home Address _____
Home Phone _____ Mom's Cell Phone _____ Dad's Cell Phone _____
Parent Email _____

Emergency contacts are in addition to parents/guardians. Must be 18 yrs or older, and authorized to pick up.
Emergency Contact _____ Phone (cell) _____ (other) _____

How did you hear about CMS (please specify name) _____

Is your daughter involved with a leadership club/program? Which one? _____

My daughter knows how to swim: Yes _____ No _____ Camp t-shirt size (Youth XS - Adult XL) _____

Four class projects are offered. Please number in order of preference: Arts & Crafts ___ Science ___ Dance ___ Cooking ___

PAYMENT: PLEASE MAKE CHECKS PAYABLE TO CMS

_____ Full Payment of \$480 is enclosed.

PARTICIPATION AGREEMENT

- 1. CMS and SSLC, Inc. makes every effort to provide a safe and pleasant environment for our campers. Campers are expected to show consideration and respect for their fellow campers, instructors and other staff. To preserve our standards, the number of campers is limited. CMS and SSLC, Inc. reserves the right to refuse admission or request withdrawal of any camper if it is deemed necessary to protect the program's welfare. No refunds will be made.
- 2. Roommate Policy - same grade only. We will try our best, but cannot guarantee, to accommodate requests.
- 3. I understand that any photographs or videos taken of my daughter during the camp activities may be used in future camp promotional materials.
- 4. Campers are responsible for their own personal belongings and will not hold CMS and SSLC, Inc. responsible for loss or damage.
- 5. Parents agree to abide by camp rules regarding cell phones, use of electronics, phone calls, visitors, etc.

I CERTIFY THAT I HAVE READ THE PARTICIPATION AGREEMENT AND AGREE TO ITS TERMS.

Parent/Guardian Name & Signature _____ Date _____

Camp Monte Stella Health & Activity Consent Form

Camper's Name _____ Date of Birth _____ Age _____

HEALTH HISTORY

Please indicate any allergies, medical history events, or other health factors that should be known by the program staff:

Physician's Name _____ Phone _____

Name of Insurance Company _____ Policy/Group _____

OTC MEDICATIONS

We have over-the-counter (OTC) medicines for almost every ailment. Please do not bring basic OTC medications unless it is Claritin. Which of the following OTC medications is CMS and SSLC, Inc. authorized to use as needed? Please check:

Acetaminophen Ibuprofen Benadryl Claritin Antibiotic Ointment Hydrocortisone Cream

MEDICAL RELEASE

The information listed on this form is correct, to the best of my knowledge. My child is physically, mentally, and emotionally fit and I hereby give her permission to participate in all authorized activities, except any restrictions listed above. I am aware that these activities can be physically challenging and because of the setting, certain natural risks and hazards may exist. I agree to indemnify and hold harmless CMS and SSLC, Inc. and its employees, servants and agents from and against all claims, loss, injury, death or liability resulting from, arising out of, or in any way connected with camp activities.

I give permission to the camp nurse and/or trained personnel to administer prescribed, emergency, and OTC medications per doctor standing orders, to administer first aid, and to contact the camper's physician for consultation as needed. I understand that should my child have any ailments at camp that the health staff will treat my child per the physician standing orders. I hereby give permission to CMS and SSLC, Inc. to arrange emergency medical transport (911) and for any treatment necessary by licensed medical professionals. I understand that I must provide transportation or pay the expense of emergency medical transport in case of major illness or injury. CMS and SSLC, Inc. will not assume liability of maintaining a combative, suicidal, or clinically ill person on site. I give permission to the physician selected by CMS and SSLC, Inc. to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Name & Signature _____ Date _____

For Prescription Medicines and Chronic Conditions (To be filled by Physician)

Do not submit this page if your daughter has no prescriptions medicines or chronic illness.

If your doctor feels it is necessary for medication to be administered at camp, the following Part A needs to be completed by the Physician and Part B by a Parent/Guardian.

Please deliver your child's medication directly to the camp first aid staff in the original, properly labeled container. For Prescription Medication, labels should display:

1. Camper's Name
2. Name and Phone # of the pharmacy
3. Doctor's Name
4. Name, dose, frequency & route of administration of the medicine
5. Any other necessary directions

Part A: Completed By Physician

_____ (Camper's Name) has been under my care for _____ (Condition or Diagnosis).

Please administer the medication as follows: (Physician to fill out the following, include Epipens/Asthma Inhalers for campers to carry)

Medication Name: _____

Dose: _____ Frequency: _____ Route: _____ Duration: _____

Medication Name: _____

Dose: _____ Frequency: _____ Route: _____ Duration: _____

Special Instructions _____

Additional health information/major allergies _____

Medically prescribed meal plan or dietary restrictions _____

This applicant may participate in all camp activities: Yes _____ No _____ If no, please explain below:

Doctor's Name (Print):	Doctor's Signature:	Phone Number:	Date:
_____	_____	_____	_____

Part B: Completed By Parent/Guardian. PLEASE SIGN & SUBMIT ONLY IF YOUR CHILD IS BRINGING PRESCRIPTION MEDICINES TO CAMP

I have read and understand the top of this form. I hereby grant permission for my child to receive medication as directed by his/her physician.

Parent/Guardian Name (Print):	Parent Signature:	Phone Number:	Date:
_____	_____	_____	_____

CMS REFUND POLICY. Please read carefully and retain for your reference.

Withdrawal Request

- Withdrawals must be submitted in writing. Email your refund request to ask@campmontestella.com
- Include your Camper's name, address, phone number, email address.

Refund Schedule

- Withdrawals must be requested before June 30, 2019 for a full refund.
- Refunds will not be issued on or after July 1, 2018.
- No refunds will be issued once camp begins.

Camp Cancellation

- Full refund will be issued if camp is cancelled by SSLC, Inc.

Refunds by Check

- Refunds will be issued by check.