



## PARTICIPATION AGREEMENT

I grant permission for the applicant to participate in all planned camp activities. I hereby grant Camp Shomria full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release Camp Shomria from any liability in connection there within.

As the authorized legal guardian of the child listed below, I hereby grant permission for my child to be transported on trips to off-site locations sponsored by Camp Shomria.

Upon arriving at camp every camper will be examined by a lice professional, experienced with examining scalps for the presence of lice. In the event that a camper is found to have lice parents can choose one of the following options. A. The camper will be treated with an anti-lice treatment. This will be done by our nurse and according to the product instructions. (The cost of the treatment will be covered by parents.) B. The camper will be treated by the lice professional. **This treatment costs \$150, to be paid by the parents.** For both of these options, the camper will be isolated in the infirmary building for 3 days or until the camper has no lice found by the nurse/lice expert. C. If the parents do not want one of these options they will have to pick up their child, and can bring them back to camp when they are free of lice. We will perform lice checks at the beginning of second session as well. Please help us avoid this inconvenience, make sure you check your children and treat them for head lice before camp.

I authorize Camp Shomria to own and have full right of disposition of any video film, footage, sound track recordings and photo reproductions of the camper named on this contract and/or his/her narrative account of his/ her experience within Camp Shomria programming. Camp Shomria shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of the camper named on this contract and/or his/her narrative account of his/her experience for any purpose without compensation to him/her.

Camper(s) name(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent/Guardian Authorization for Health Care:**

The health history I provided is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on the medical form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I understand that I will be responsible for payment of all medical and medication bills.

In case I refuse to follow camp medical staff diagnosis and treatment plan, and if in the opinion of Camp medical staff the refusal constitutes a risk to the child's health, the child will be dismissed and I understand I must make arrangements to have the child picked up immediately.

Camper(s) name(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_