

# CAMP REGISTRATION FORM



ONEIDA FAMILY FITNESS, ADVENTURE, & ONEIDA NATION ARTS PROGRAM

*Please contact the Recreation Dept. to register for their programs.*

Today's Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age when attending camp: \_\_\_\_\_

Grade School Level: \_\_\_\_\_ School Attending Fall 2015: \_\_\_\_\_

Check one: Boy  Girl  Oneida Family Fitness member? Yes  No

Oneida Recreation member? Yes  No

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Confirmation Preference?  E-mail  Mail

Emergency Contact: (Other than parent) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Scholarship Request: Yes  No  If yes, please fill our scholarship application The scholarship form and letter from the school must be submitted with the registration to be considered.

Payment: Costs vary from \$25-\$35 or \$5 with completed scholarship form.

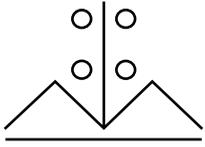
Camp	Date	Time	Cost	Subsidized Fee	Total
Adventure: Paddling – 9-13 Yr.	June 22 - June 26 1 week • Mon.-Fri.	1-4 pm	\$30	\$10	
Arts: Arts & Wellness – 7-14 Yr.	June 29 - July 9 2 week • Mon.-Thur.	8-12 pm	\$35	\$10	
Adventure: Climbing – 9-13 Yr.	July 6 - July 10 1 week • Mon.-Fri.	1-4 pm	\$30	\$10	
Fitness: Fitness – 7-11 Yr.	July 6 - July 9 1 week • Mon.-Thur.	1-4 pm	\$30	\$10	
Adventure: Adventure – 9-13 Yr.	July 13 - July 17 1 week • Mon.-Fri.	1-4 pm	\$30	\$10	
Fitness: Wellness – 12-14 Yr.	July 20 - 23 1 week • Mon.-Thur.	1-4 pm	\$30	\$10	
Music from our Culture – 6-14 Yr.	July 27 - Aug. 13 3 week • Mon.-Thur.	1-5 pm	\$35	\$10	
<b>Total – Programs:</b>	<b>Add up all camp programs to get your sub-total</b>			<b>\$</b>	

*Sorry, refunds are not available.*

## PAYMENT TYPE:

Cash  Check  \_\_\_\_\_ Amount Received: \_\_\_\_\_ Date paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_



# SCHOLARSHIP APPLICATION

Oneida Tribe of Indians of Wisconsin

**2015 Youth Summer Programs**

## **Application for Scholarship Consideration for Arts, Fitness & Adventure**

**\*Please note: Recreation programs are not eligible for scholarships.**

Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
please print

Child's Name: \_\_\_\_\_  
please print

Birth Date: \_\_\_\_\_

Name of School Attended 2014-2015: \_\_\_\_\_  
please print

Please consider my child for scholarships in the following programs offered through **Arts, Fitness, or Adventure** because my child qualified for the Free Lunch Program in the 2014-2015 school year:

Insert Program Name \_\_\_\_\_

Insert Program Name \_\_\_\_\_

Insert Program Name \_\_\_\_\_

I have included a copy of the letter from the school stating that my child qualified for Free Lunch in 2014-2015.

I understand that with this scholarship I am responsible to pay \$10 per camp per child.

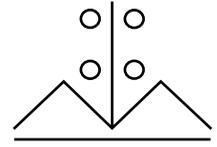
**NOTE:** All paperwork and payment must be received to reserve a camp spot.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# INFORMED CONSENT



Oneida Tribe of Indians of Wisconsin  
**2015 Youth Summer Programs**  
**INFORMED CONSENT for my CHILD to PARTICIPATE**

***Please read and initial each item. Informed consent must be included with registration form.***

\_\_\_\_\_ **PARTICIPATION:** I give my permission for my child, \_\_\_\_\_, to participate in the Oneida Tribe's Summer Youth Programs through the Oneida Family Fitness Program, Oneida Recreation Program, Oneida Experiential Program, Oneida Nation Arts Program and/or Oneida Community Library.

\_\_\_\_\_ **SHARED INFORMATION:** For improved efficiencies, I understand and give you permission to share the informed consent form and medical disclosure form with the Youth Summer Programs (Oneida Family Fitness Program, Oneida Recreation Program, Oneida Experiential Program, Oneida Nation Arts Program, and/or Oneida Community Library) my child is participating in.

\_\_\_\_\_ **ACTIVITIES:** I understand that the activities in these programs may include (but are not limited to) physical activities, such as swimming, running, biking, climbing, or sports; performance activities such as: singing, acting and dancing; or field trips. For specific descriptions, I should refer back to the camp descriptions.

\_\_\_\_\_ **HEALTH ISSUES:** I understand that it is my responsibility to inform you about any health issues, including allergies, my child has which may affect his/her participation in this event. If I check "yes" to health issues or allergies, I will complete the medical disclosure form in this program guide.

My child has health issues (please list):     No     Yes

\_\_\_\_\_  
\_\_\_\_\_

My child has allergies, including any food allergies (please list):     No     Yes

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **EMERGENCY TREATMENT:** In the event my child is injured or becomes ill while attending any program listed in this booklet, every effort will be made to contact parent/guardian immediately. In the event we are unable to contact parent/guardian or emergency contact person, may we have permission to seek appropriate medical treatment? Please indicate your response by placing an X on the appropriate box.     No     Yes

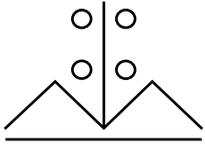
\_\_\_\_\_ **PROMOTIONS:** I give you permission to take my child's photograph or video during his/her participation in this event. I understand that the materials may be used by the programs or Oneida Tribe for promotional use.

\_\_\_\_\_ **GENERAL:** I understand that my child is participating in this event voluntarily and I agree not to hold the Oneida Tribe liable for anything that happens to my child during his/her participation in this event.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date





# MEDICAL DISCLOSURE

Oneida Tribe of Indians of Wisconsin

## 2015 Youth Summer Programs

### MEDICAL DISCLOSURE AND EMERGENCY TREATMENT INFORMATION

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**MEDICAL INFORMATION** (please check all that apply to your child):

- None     Seizures     ADD/ADHD     Asthma     Diabetes     Autism

Allergies (please list including food): \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**NOTE: The Oneida Tribal programs will not be responsible for administering medication to your child(ren). Please fill out the following information if your child will be taking medication during Summer Programs.**

Is your child currently taking any medications?     No     Yes

What medicine does your child take (if none, please write NONE on the line)? \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on his/her own?     No     Yes

If not, name of person administering medication: \_\_\_\_\_

Is there a specific time medication needs to be taken?     No     Yes

If yes, what time? \_\_\_\_\_

Please list any warning signs we should be aware of if medication has not been taken:

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions or special instructions for your child's well-being.

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best phone number to reach contact: \_\_\_\_\_

**PHYSICIAN INFORMATION (If desired):**

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

