

Registration for Friendship Mountain Day Camp



First Camper's Name _____

Birthday _____ Age _____ Optional: Girl Boy School _____

Second Camper's Name _____

Birthday _____ Age _____ Optional: Girl Boy School _____

First Parent Name: _____

Email _____

Phone _____ Work/Other Phone _____

Address _____

Second Parent Name: _____

Email _____

Phone _____ Work/Other Phone _____

Address _____

Emergency contact if parent is not available:

Name: _____ Phone _____ Relationship _____

Names other than the legal guardians of your child that will be picking them up from Friendship Mountain.

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

MEDICAL AND ACTIVITY RELEASE FORM

Camper's Doctor's Name _____ Phone _____

Name of the Insured _____

Carrier _____ Group # _____ Policy # _____

Camper's tetanus booster is current Yes

Does camper have any known allergies? Yes No

To medications _____

To food _____

Other (bees, etc.) _____

Is camper currently taking any medications? Yes No

Please specify _____ Dosage _____

All prescription and non-prescription medication must come in its original labeled container, be labeled with the child's full name, and include directions for administration. Medication that does not meet this requirement WILL NOT be administered. Campers will not be allowed to keep any medications with them (except EpiPens). All medication must be turned in to Friendship Mountain director Ramana Waymire at the beginning of each day.

- I give permission for Friendship Mountain Camp Counselors to administer the listed medications to my child
- Should my child have a minor medical problem, I give permission for administration of non-prescription medication such as children's Tylenol or topical creams such as Neosporin at a Friendship Mountain teacher's discretion.

Please share any behavioral or social issues we should know about. Friendship Mountain can fully support two campers with behavioral or social issues per camp. If Friendship Mountain staff feels that a camper needs support for behavioral or social issues that were not disclosed in this application, Friendship Mountain reserves the right to require parent involvement during camp or we will send home the camper without a refund. Be assured that any information you share will remain confidential.

RELEASE, WAIVER AND INDEMNITY AGREEMENT

I give permission for photos of my child to be used in Friendship Mountain printed material or on the Ashland Zen Center website

I give permission for _____ to fully participate in all activities at Friendship Mountain both on Ashland Zen Center property and off Ashland Zen Center property, in the mountains of the Rogue Valley.

While I understand that these activities will be well-monitored and safely undertaken, I also understand that there are inherent risks involved in any activity. **I therefore agree to hold harmless Ashland Zen Center, the Friendship Mountain teachers, and any supervising adult volunteers, for any injury caused to my child that is not a result of negligence on the part of Friendship Mountain or it's staff. I understand that I am responsible for all expenses related to any medical treatment during Friendship Mountain or after.**

I also understand that should my child sustain any injury or illness while attending Friendship Mountain, I hereby authorize the teachers of the program to execute any necessary first aid, and to provide any necessary information required by a medical facility.

Signature _____ Date _____

Printed Name _____

PAYMENT

- \$295/Camper
- Member of AZC: \$265/Camper _____
- Donation to Scholarship Fund _____

Make check out to AZC Total: _____

BACKGROUND (OPTIONAL)

Campers do not need a background in Zen Buddhism to attend Friendship Mountain.

Our family religious affiliation, if any: _____

Our family experience with Zen Buddhism or another branch of Buddhism, if any:
