

July 22-26, 2024



Registration for Friendship Mountain Youth Camp

Camper's Name _____

Birthday _____ Age at Camp _____

First Parent/Guardian Name: _____

Email _____

Cell Phone _____ Second Phone _____

Address _____

Second Parent/Guardian Name: _____

Email _____

Cell Phone _____ Second Phone _____

Address _____

Emergency contact if parent/guardian is not available:

Name: _____ Phone _____ Relationship _____

(Optional) Other people you authorize to pick your child up from Friendship Mountain:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

MEDICAL AND ACTIVITY RELEASE FORM

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 _____

☐ I give permission for Friendship Mountain Camp Counselors to administer the listed medications to my child

☐ 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.

☐ I do NOT give permission for administration of non-prescription medication. Should my child have a minor medical problem call me and I will come to camp and administer it myself.

Please note: All medication must come in original, labeled container, be labeled with your child's full name and include directions for administration. Medication must be given to Friendship Mountain staff at the beginning of each day. Campers are not allowed to keep any medications with them except EpiPens.

DISCLOSURE OF BEHAVIORAL OR EMOTIONAL CHALLENGES

Please help us know your child by sharing their unique struggles and strengths. All information you share will remain confidential.

☐ My child requires a support person or aid to attend school due to behavioral or emotional challenges. A support person may be required to accompany your child to camp.

☐ My child has an IEP or 405 Plan. Please share details if it will help us to support their success at camp:

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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 its 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

- ☐ \$300/camper _____
☐ \$250/member of AZC _____
☐ Donation to Scholarship Fund _____

Make check out to AZC Total: _____

SCHOLARSHIPS

Make your scholarship request before paying. A limited number of partial scholarships are available thanks to generous donations to our scholarship fund.

- ☐ I request a partial scholarship (\$175/camper)

BACKGROUND

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

Our family experience with Zen or other Buddhism, if any: _____

Our family religious affiliation, if any: _____

Anything else you would like us to know about your family or your camper:

Thank you.