JAY NOLAN CAMP – COUNSELOR-IN-TRAINING APPLICATION-SUMMER 2016

We’re headed back to the woods, and we’re excited for you to join us! Thank you for choosing Jay Nolan Camp as a part of your teen’s leadership development!

My name is Melissa Dellens. I’m your Camp Director, and your first call if you have any questions or concerns as we prepare your young leader for Camp.

We know the first questions you have are:

WHEN AND WHERE IS JAY NOLAN CAMP?

Camp Dates are July 10-July 15, 2016
Jay Nolan Camp will be held at The Lions Camp at Teresita Pines (http://www.campteresitapines.org)

AND HOW MUCH DOES IT COST?
Prices for 2016 have remained the same as 2014.

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<th></th>
<th>Dec 1-Feb 29</th>
<th>Mar 1-May 31</th>
<th>June 1-June 24</th>
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<tr>
<td>CIT with a disability</td>
<td>425</td>
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<tr>
<td>CIT without a disability</td>
<td>225</td>
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All CIT’s with a disability will pay the higher rate because of the staff to child ratio that is required to keep the program viable and to insure the safety of each camper. Even if your child has a diagnosis of a developmental disability (including but not limited to: Autism, Down Syndrome, Cerebral Palsy, Intellectual Disability, etc.), but there is no affiliation with the Regional Center the cost will be the same as a Regional Center consumer, and the same level of support will be provided.

- We are happy to offer some fundraising ideas to involve your friends and family in helping your Camper get to Camp.

- If you believe your child requires 1:1 support, I will be happy to meet with your family for an assessment and work with you to request additional staffing through the Regional Center. Please contact me early so we can get that paperwork started!

- If your Camper requires additional support/supervision and is not a client of the Regional Center, there may be an additional fee. This is determined solely by Camp Administrative Staff.
1. Fill out application completely. Include an up-to-date photo, and signed releases. 
   The application is designed to have all the information needed to help ensure a safe/quality experience for your child.

2. Please help your Camper prepare for an interview. The CIT program is for select participants with and without disabilities who demonstrate leadership potential. Positions are based on Camper enrollment, and we have 8-10 CIT positions available.

3. A minimum $200 down payment is due after your camper has been selected for our CIT program. Please refer to ‘Payment Schedule’. We accept partial payments until we leave for Camp. Please contact Melissa to arrange this.

4. Mail, fax, e-mail or drop off application and payment to:

   Melissa Dellens – Camp Director  
   Jay Nolan Community Services, Inc.  
   15501 San Fernando Mission Blvd, PO Box 9604  
   Mission Hills, CA 91346-9604  
   mdellens@jaynolan.org  
   Fax # (818) 365-5523

* ‘Medical Examination Form’ must be completed/signed by a physician 30-60 days before Camp. Please send in the rest of the application and return the Exam Form when your child has completed their doctor’s visit.

Once the application is processed, a letter of acceptance will be mailed to you. Information on CIT Traiing day as well as where to meet for Pick-up/ Drop-off, and a list of ‘What to Bring’, etc., will be mailed one month prior to camp (June 2016).

If your child has a disability and has not attended Jay Nolan Camp previously, we will need to arrange a meeting with you and your child prior to camp to review the application and discuss the support needs your child may have while at camp. An appointment can be scheduled to take place during business hours at the Jay Nolan Community Services office, or we can arrange a more convenient time to meet at your home.

HOW TO HELP JAY NOLAN CAMP’S INCLUSIVE ENVIRONMENT

You’ve chosen to send your child to an inclusive camp for children with and without disabilities to be able to interact with and learn from each other. We’re always in search of more children without disabilities to attend our camp. The ratio for each camp session is: 30-35% children with a developmental disability, 65-70% without a disability. At this point, those with an understanding/appreciation of the differences amongst people are the biggest spokespeople on the benefits of sending a child without a disability to a camp like ours. Send an (8-15 year old) sibling, family member, friend, schoolmate, neighbor, etc. our way! More applications can be downloaded at: http://jaynolan.org/jay-nolan-camp/ or contact Melissa Dellens at (818) 361-6400 x151.

This Camp Application is printed on both sides of the page. Please make sure to fill out the application completely!
Jay Nolan Camp - CIT Application

2016 Camp Sessions at Lions Camp at Teresita Pines (Wrightwood, CA)
July 10-August 15, 2016

CIT Applicant’s Name____________________________________________________

First

Last

Address_________________________________________________________________

Street

City_________________________________State___________Zip__________________

Home Telephone______________________________ Date of Birth_________________

MM/DD/YY

Gender:

☐ Male

☐ Female

Age while at Camp

Birthday at Camp?

How did you hear about Jay Nolan Camp?

☐ Friend

☐ Newspaper/Magazine

☐ Conference

☐ American Camp Association Directory

☐ Previous Attendance

☐ Regional Center

☐ Online (we’d love to know where you found us!) ______________________

Tee Shirt Size____________

Standard tee shirts are available in Youth S,M,L and Adult S, M, L, XL, 2XL.

Please specify Youth or Adult.

Payment Method:

☐ Check enclosed

☐ Credit Card
Payment Schedule for Counselors-in-Training

Application and payment must be sent together and by the dates that follow to receive the specific rate.

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Down Payment - $200.00 (due with application)

Jay Nolan Community Services, Inc. reserves the right to review and discuss individual needs for support and supervision, which may result in an increased rate.

Cancellation Policy

Payment in full is required at the time of registration. If you need to cancel for any reason, we must receive written notice of cancellation (either mailed or faxed) by May 31, 2016. Your registration payment will be refunded less a $50.00 service charge. Cancellations after that time and ‘No-Shows’ are non-refundable.

Method of Payment:

☐ Check—made out to Jay Nolan Community Services, Inc.
☐ Visa
☐ MasterCard
☐ American Express

AMOUNT:

$___________ Camp Payment
$___________ Donation to help support Jay Nolan Camp
$___________ Total enclosed or to be charged

Date

Name on Card

Billing Address

City/State/Zip

Phone

Email

Credit Card #

Exp. date

Authorized Signature

CIT’S NAME: ______________________________________
**PARENT(S)/ CAREGIVER(S) CONTACT INFORMATION:**

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**EMERGENCY CONTACT INFORMATION:**

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I GIVE MY PERMISSION FOR THE HEALTH CARE PROVIDER/ AUTHORIZED CAMP STAFF TO ADMINISTER MEDICATION AND PROVIDE ROUTINE HEALTH CARE (AS MAY BE NECESSARY).

Jay Nolan Community Services (JNCS) is a Covered Entity under HIPAA (the Health Insurance Portability and Accountability Act) to the extent JNCS receives private health information about any of its clients; JNCS will treat that information as private and comply with applicable privacy laws.

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<th>Date</th>
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CIT (Counselor-In-Training) Information To Review:

CIT Cabin Assignments:
Each CIT will be assigned (by the Camp Administration) to assist one cabin group (Typically, one CIT per cabin). CIT’s are assigned with gender, age, and experience taken into consideration.

CIT Responsibilities:
A CIT is not a paid position. A CIT is typically a 16 or 17 years of age, assisting hands-on with the Jay Nolan Camp program. This is an experiential learning process for the CIT; learning the responsibilities of a Jay Nolan Camp Staff member, assisting with an inclusive environment for children with and without developmental disabilities. The CIT will not assume the role and responsibility of a Jay Nolan Camp Staff member.
The CIT’s responsibilities, when necessary, include (but are not limited to):
- Assist Camp Staff in the registration process of camp
- Assist Camp Staff with their assigned camp group in all aspects of camp program/daily routine
- Assist Camp Staff with children with regards to basic hygiene
- Assist Camp Staff in the social development of children attending camp
- Attend a CIT program daily, designed to cultivate leadership skills, teamwork values, and becoming a positive role model

CIT Rules:
- Jay Nolan Camp has a Zero Tolerance Policy on Smoking (for those under 18), which is also in accordance with State Law. Breaking this rule may result in being dismissed from camp.
- As with Camp Staff, Jay Nolan Camp has a Zero Tolerance Policy for alcohol, drugs, sexual contact, and abuse. Breaking any of these rules results in being dismissed from camp.
- CIT’s are role models and need to act accordingly. No foul language. Dress and act appropriately. Respect curfew. Follow commonly accepted values of courtesy and respect at camp.

CIT Perks:
- CIT’s receive 75 hours of Community Service per session (for educational purposes).
- CIT’s are allowed to stay up until a designated curfew time and socialize with each other, while supervised.
- FUN! FUN! FUN!

Note: Participating in the Jay Nolan Camp CIT Program does not guarantee a future staff position with Jay Nolan Camp.

I have read and fully understand the above ‘CIT Information to Review’:

CIT Applicant’s Signature_________________________________________Date________________

Parent Name_________________________Relationship____________________

First                                       Last

Parent Signature________________________________________________Date__________________

What are your favorite foods and/or dietary restrictions (if any)?

FAVORITE FOODS: ______________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

DIETARY RESTRICTIONS*:  
- None
- Vegetarian
- Vegan*
- Kosher /Halal*
- No Dairy
- Gluten Free *
- No Sweets

Other dietary restrictions: ____________________________________________

*Note: Some diets may require that you bring necessary food/supplements
THE FOLLOWING 8 QUESTIONS TO BE ANSWERED BY CIT APPLICANT:

Note: As with any position, Jay Nolan Camp looks at past performance (when applicable), present state of interest/experience, and future goals.

1. There are a lot of different things you could do this summer. Why do you want to attend Jay Nolan Camp as a CIT?

2. What experience do you have with children with or without developmental disabilities?

3. What’s an example of something you’re proud of; maybe something challenging, that you were able to do because of hard work and being responsible? Please tell us about it...

4. Some people say that working with campers can be stressful. Would you agree? How would you handle yourself if you’re feeling stressed?

5. What ideas do you have for getting more kids (with or without disabilities) to come to Jay Nolan Camp?

6. How would you go about including all children together, regardless of their abilities?

7. What would you like to gain from the CIT program this summer?

8. What’s one of your favorite camp songs? Are you willing to teach it to Campers?
**HEALTH AND IMMUNIZATION HISTORY**

1. Is CIT covered by Medi-Cal? YES _____ NO _____ MediCal # _______________________

2. Is CIT covered by private medical insurance? YES _____ NO _____

   Medical Insurance ________________________ Policy # _______________________

   Group # ________________________ Name of Primary Insured _______________________

**ALLERGIES** - List all known.

**REACTION** - describe reaction and management of the reaction

**Medication Allergies** (list) - include aspirin, penicillin, etc.

**Food Allergies** (list) - include specific foods, dyes, etc.

**Other Allergies** (list) - include insect stings, hay fever, asthma, pollen, etc.

**GENERAL QUESTIONS:** (Explain ‘Yes’ answers below.)

<table>
<thead>
<tr>
<th>HAS/DOES THE PARTICIPANT:</th>
<th>YES</th>
<th>NO</th>
<th>HAS/DOES THE PARTICIPANT:</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Had a recent injury/illness/infectious disease?</td>
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<td>Ever had a problem with joints?</td>
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<td>Ever had a chronic/recurring illness/condition?</td>
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<td>Have skin problems (itching, rash, acne)?</td>
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<td>Ever been hospitalized?</td>
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<td>Have diabetes?</td>
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<td>Ever had surgery?</td>
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<td>Have asthma?</td>
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<td>Have frequent colds/headaches?</td>
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<td>Had bowel problems (diarrhea, constipation)?</td>
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<tr>
<td>Had psychiatric/psychological counseling?</td>
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<td>Ever had a head injury?</td>
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<td>Had psychiatric/psychological hospitalization?</td>
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<td>Have problems with sleepwalking?</td>
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<td>Wear glasses, contacts, or protective eyewear?</td>
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<td>If female, have menstrual problems?</td>
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<td>Ever had frequent ear infections?</td>
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<td>Have a history of bed-wetting?</td>
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<td>Ever passed out during/after exercise?</td>
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<td>Have bladder problems?</td>
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<td>Ever had chest pain during/after exercise?</td>
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<td>Ever had an eating disorder?</td>
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<td>Ever had high blood pressure?</td>
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<td>Ever had sinus problems?</td>
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<td>Ever had a heart murmur or heart disease?</td>
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<td>Other?</td>
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<td>Ever had back problems?</td>
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<td>Been looking forward to camp?</td>
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Please explain ‘Yes’ answers:

________________________________________________________________________

________________________________________________________________________

Which of the following has the participant had?

- Measles
- Chicken Pox
- Rubella
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

**ATTACH A COPY OF IMMUNIZATION RECORD, OR write in all dates for:**

<table>
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<tr>
<th>VACCINE:</th>
<th>MO/YR</th>
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<td>TD (tetanus/diphtheria)</td>
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<td>Varicella (chicken pox)</td>
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TB Mantoux Test

Date of last test ____________

Result (Check):

- Positive
- Negative
AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

____ I, the person named below, consent to medical treatment.

____ I am a parent, guardian or conservator, or person authorized under California or United States Law or by court order, to authorize consent to medical treatment for the person named below.

Name of Person: _______________________________

I authorize Jay Nolan Community Services Inc., any of its employees, agents or contractors to obtain and consent to medical assistance and treatment, including but not limited to: surgery, dental treatment, mental health treatment, and anesthesia, for the person named above. In granting this authorization, I understand as follows:

- That Jay Nolan Community Services Inc. may release information regarding the person’s medical history to secure medical assistance or treatment,
- That Jay Nolan Community Services Inc. may provide medical assistance and treatment to the person if other appropriate medical assistance and treatment cannot reasonably be obtained when needed,
- That Jay Nolan Community Services Inc. will make all reasonable efforts to secure medical assistance and treatment with professionally accepted standards for the area where the person is located (not necessarily the place of residence) when treatment is sought,
- That Jay Nolan Community Services Inc. and any of its employees, agents and contractors will make all reasonable efforts to contact me as soon as possible in the event of a medical emergency,
- That Jay Nolan Community Services Inc. carries liability insurance only. I agree that all medical or hospital costs incurred are my sole responsibility.
- That if I have any objections or limitations to treatment, I have them listed below:
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- That I may terminate this authorization at any time by written notice to the Executive Director of Jay Nolan Community Services. Unless I terminate in this manner, this authorization shall remain in effect for one (1) year after the date signed.

Signature:_________________________________________ Date:__/__/____ Relationship:_________________

Witness:_________________________________________ Date:__/__/____
Public Relations Consent Form

The purpose of this form is to give Jay Nolan Community Services, Inc. permission to use photographs and other likenesses of employees, volunteers, people served, and others who may grant permission for the promotion of the agency’s programs, its mission, and general community outreach. Public relations/marketing activities may include, but are not limited to: publication of photographs in newsletters, on the web site, in advertisements, in brochures, on flyers, on display boards, on television, or in video and slide presentations.

NAME ________________________________

I(We), ____________________________, being either of legal age to consent, or the legal parent(s), guardian(s), or conservator(s) of the above named individual who is a minor child or person unable to consent on his or her own behalf, give Jay Nolan Community Services, Inc. (JNCS), its assigns, or successors, the right to use the above named individual’s name and any photograph, video, voice recording or any other likeness JNCS has in any media form, now known and hereafter created, for the purpose of promoting JNCS mission, products, services, or programs. JNCS also has the right to substitute the above named individual’s voice if it is deemed proper by JNCS.

Furthermore, I(We) agree that such items shall belong to JNCS and remain free and clear of any claim whatsoever on my(our) part or the part of the above named individual.

I(We) understand that I(We) may terminate authorization at any time for any future photographs, video, voice recordings, or other likenesses produced of the above named individual by delivering written notice to the Executive Director of JNCS. However, said termination shall not cover items previously authorized and already in production/use.

(Signature of Consenting Adult/Parent/Guardian)

(Printed Name) (Date)

(Street Address)

(City) (State) (Zip)

(Witness) (Date)
Participant’s Name: _________________________________  Print Name

Lions Camp at Teresita Pines & Lions Camp at Wrightwood

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Lions Camp at Teresita Pines Rock Climbing Wall (herein after known as “LCTP Rock Wall”), on 7/10/2016 through 7/15/2016 for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Lions Camp at Teresita Pines, its officers, employees, volunteers and agents from liability from any and all claims including the negligence of Lions Camp at Teresita Pines, its officers, employees, volunteers and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the LCTP Rock Wall activities.

Signature of Parent/Guardian of Minor  Date  Signature of Participant  Date

Assumption of Risks: Participation in the LCTP Rock Wall activities carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the LCTP Rock Wall. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Lions Camp at Teresita Pines harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the LCTP Rock Wall activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

________________________________________  ____________________________
Signature of Parent/Guardian of Minor  Date  Signature of Participant  Date

Participant’s Age (if minor) ______

Revised 6/2011
A LICENSED PHYSICIAN MUST COMPLETE THE MEDICAL EXAMINATION FORM.
A MEDICAL EXAMINATION MUST BE PERFORMED WITHIN A YEAR PRIOR TO CAMP ATTENDANCE.
PLEASE COMPLETE BOTH PAGES.

CIT (Counselor-In-Training) INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex:</th>
<th>Age:</th>
<th>Birthdate:</th>
</tr>
</thead>
</table>

Diagnosis or Disability (if applicable):

BP: ____________ Height: ____________ Weight: ____________

Does CIT have a history of seizures? Yes ☐ No ☐

If yes, specific type:

Frequency: __________________ Length: __________________

Present Status: __________________ Date of last seizure: __________________

MEDICATIONS (To be administered at Camp)*

If CIT is taking herbal/homeopathic medications, vitamins, or over-the-counter medications, they also must be listed. If a psychiatrist prescribes medications, they must complete a form listing medications as well. Attach additional pages, if necessary.

*Please Print Legibly

<table>
<thead>
<tr>
<th>Name of prescription medication, vitamins, homeopathic/herbal medications, over-the-counter medications</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Times to be administered (Camp mealtimes/bedtime listed):</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>B-fast 8:30am</td>
</tr>
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<td>7.</td>
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</tbody>
</table>

The Health Care Provider at camp follows standing orders from our physician consultant, which include over-the-counter medications as needed, such as analgesics, topical ointments, decongestants, and medications for colds, allergies, indigestion, constipation, diarrhea, eye and mouth care, and basic first aid. Are there any concerns with administration of over-the-counter medications and/or treatments?

Yes ☐ No ☐

If yes, explain ____________________________________________________________

X ____________________________  ____  ____________

Signature of Physician  Date

(OVER)
Jay Nolan Camp is an inclusive sleep-away camp that runs 6 days/5 nights each camp session in the mountains of Wrightwood, CA. The elevation is approximately 6,000 ft and the terrain of the campground can be uneven in certain areas. All activities are non-competitive and carefully supervised (including Archery, Sports & Games, Swimming, Hiking, etc.). They are designed to meet the needs of all participants, encouraging their participation to the best of their ability. Camp Staff/On-site Health Care Provider will strictly observe physician recommendations.

**RECOMMENDATIONS AND RESTRICTIONS AT CAMP**

- **Treatment to be continued at camp**
- **Any medically prescribed meal plan or dietary restrictions**
- **Description of any limitation or restrictions at camp**
- **Additional information for health care staff at camp**

**HEALTH STATEMENT**

I hereby certify that the above CIT _____is _____is not in good health and physically able to attend camp. The CIT has no evidence of a skin rash or communicable ailment that might endanger the health of other people. The CIT has had no recent illnesses with the exception of:

<table>
<thead>
<tr>
<th>Signature of Physician</th>
<th>Date of Exam</th>
<th>Date of Form Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Physician</td>
<td></td>
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<tr>
<td>Name of Medical Agency if CIT attends a Clinic or Hospital</td>
<td>Telephone No.</td>
<td>Fax No.</td>
</tr>
</tbody>
</table>