ACraftyArab
PO Box 372
Redmond, WA 98073
Tel: 1- 425- 765- 7961
www.ACraftyArab.com

Arab Cultural Camp Application

In order to complete your application, please complete the following forms. Below is a checklist of each part you must complete and return to our offices, **no later** than **August 1, 2018**.

__ **Part 1**

__ **Part 2**

__ **Sign and date Health Declaration**

__ **Sign and date Terms and Conditions**

__ **Submit payment**

*If you are enrolling multiple campers, please send along Part 2 and both the Health Declaration and Terms and Conditions, for each child.

Mail all applications to:

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Part 1: Guardian Information

First name: _____

Last name: _____

Relationship to Camper: _____

Cell phone: _____

Other Phone: _____

Address: _____

_____

Email address: _____@_____.com

Second Guardian (Optional)

First name: _____

Last name: _____

Relationship to Camper: _____

Cell phone: _____

Other Phone: _____

Address: _____

_____

Email address: _____@_____.com

We'd love to know how you heard about us!

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Part 2: Camper Information

A. Personal Information

First name: _____ Last name:

_____ Gender (circle): M F

Current Age: _____

Date of birth: _____ (MM/DD/YYYY) School Grade

Entering this Fall: _____

B. Select Sessions

Directions: Please place a check mark next to the session(s) camper will attend.

___ Session #1: August 6, 2018 – August 10, 2018 ---------- **$200**

___ Session #2: August 20, 2018 – August 24, 2018 -------- **$200**

___ Session #1 or #2: Sibling ------**$180**

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C. Health Information

1. Does the camper suffer from any allergies?

If yes (Circle all that apply)…

Hay fever, aspirin, insect bites/stings, penicillin, nuts, dairy/lactose, wheat/gluten, or other: _____.

Severity of each allergy: _____.

***Don't forget to bring EpiPens for campers if needed!**

2. Has the camper undergone any operations or sustained any serious injuries?

_____

3. Is the camper currently taking any medications? If yes, please include the name of medication (brand name and generic name), dosage and reason below.

_____

_____

4. Please specify below any dietary restrictions, including vegetarian/vegan, lactose or gluten intolerant, etc.

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Health Declaration

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF MY CHILD IS IN GOOD PHYSICAL HEALTH AND IS CAPABLE OF PARTICIPATING IN CAMP ACTIVITIES, INCLUDING SWIMMING, FIELD TRIPS AND OTHER VIGOROUS PHYSICAL ACTIVITY. I HEREBY AUTHORIZE MY CHILD TO PARTICIPATE IN SUCH ACTIVITIES.

Illness, Accident, or Leaving Camp: In the event of serious illness or injury I authorize emergency medical care for my child. I wish my child to be taken to the nearest Emergency Medical Facility, and the doctor listed below to be notified.

The Senior Staff in the **Arab Cultural Camp** are authorized to dispense prescription medication to students or campers only if the procedures set forth in this policy are followed and the accompanying Medication Release form is completed in full and filed with the Executive Director.

The parent or guardian of the child must provide the appropriate Senior Staff member with a protocol (substantially in the form of the Prescriber Authorization section of the Medication Release) signed by the physician who has prescribed the medication that (1) describes the dosage to be dispensed; (2) the number of times during the day that the medication should be dispensed to the child; and (3) the times of day that the medication should be dispensed. If the medication must be given at precise times or intervals, the protocol should so state.

The parent or guardian must also provide the appropriate Senior Staff with a written request (as set forth in the accompanying Medication Release) authorizing the staff to store and hand the medication to the child and acknowledging that the child is responsible for self-administering the medication and familiar with the manner and mode for doing so. The authorization request must also provide contact phone numbers if we must contact the parent or guardian in an emergency of if the child refuses to take the medication.

All medications must be provided to Camp in their original container and must be clearly labeled with the child's name and the original prescription attached. Without the foregoing information, Camp staff staff cannot take responsibility for dispensing any medication to students.
Camp will store all medications in a safe and secure location and will dispense the

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medications in a Camp office, rather than in a classroom. Medications for Camp campers will be held by the Program Directors so that they can be dispensed during field trips and overnights in accordance with the information provided on the Medication Release form. Camp will dispense the medication in compliance with the instructions provided. CAMP WILL NOT ADMINISTER THE MEDICATIONS TO THE CHILD, EVEN IF REQUESTED TO DO SO BY A PARENT OR GUARDIAN.

If the child is uncooperative, Camp will inform the parents immediately. However, Camp reserves the right to refuse to dispense or to continue to dispense medication to any child if the child is repeatedly uncooperative, if Camp is unable to contact the child's parent or guardian or if compliance with the process otherwise becomes disruptive or overly burdensome to Camp. Camp staff will maintain a separate file for each child to whom medications are being dispensed, which file will be stored in a safe and secure location. Access to the file will be limited to Senior Staff (or their designees) responsible for dispensing the medication and the Executive Director. The file shall contain the written protocol and parent authorization form. In addition, Senior Staff responsible for dispensing the medication will keep and maintain in the file, a contemporaneous record indicating each dosage of medication dispensed and the date and time the medication was dispensed.

If you have any question feel free to contact us.

Signature of Parent/Guardian: _____

Print name of Parent/Guardian: _____

Relationship to Camper: _____

Today's Date: _____

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Terms and Conditions

The Undersigned participant in **Arab Cultural Camp** and his or her parent(s)/legal guardian(s) hereby agree as follows:

My parent(s)/legal guardian(s) and I hereby agree that we will adhere to all of the rules and regulations of Camp including without limitations, the medical procedures established by the Camp.

My parent(s)/legal guardian(s) and I hereby understand that we must have family medical coverage for me; and that Camp will provide full medical coverage at camp for any injuries or illness that may arise during the weeks of the program and are not a result of any preexisting condition. My parent(s)/legal guardian(s) and I further agree that we will bear the cost of my transportation from camp in the the event of illness or if the camp instructor determines, in their sole discretion, that my behavior has violated Camp Conditions and Regulations to which my parent(s)/legal guardian(s) and I agree, or that I have acted in a manner detrimental to the safety of, or the successful completion of, the Program. My parent(s)/legal guardian(s) and I also agree that we will accept responsibility for me upon my arrival from Camp, and will pay for any property or other damages that the Camp Instructor have determined were caused by me. In addition, my parent(s)/legal guardian(s) and I agree that if I must return to my place of departure before the completion of the trip, for any of the above reasons, or for any other reason as determined by the Camp Instructor, we will be responsible for the travel expenses to and from my place of origin for an accompanying staff member or medical staff, as deemed necessary by Camp instructor.

My parent(s)/legal guardian(s) and I hereby unconditionally release the sponsoring Camp, and any of their officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage that could or may arise out of such participation, including, by way of illustration and not limitation, travel to, from, and within the country; home hospitality; use of any and all facilities used for Camp or any part thereof; social; cultural and other events (including, by way of illustration and not limitation, trips and educational programs); and any other events or activities in which I may participate or engage, whether or not the same may be deemed to be a part of Camp or not, from the time when I shall leave my permanent residence until the time when I shall have returned

thereto.

My parent(s)/legal guardian(s) and I hereby acknowledge that we are executing this instrument with full knowledge of the purpose and effect of the contents hereof, that we have had the benefit of legal advice and counsel of our own choosing, and that we execute the same freely and voluntarily, and on the basis that this instrument cannot be altered or revoked except in a writing approved and signed by me, my parent(s)/legal guardian(s), and an authorized staff member of the Camp.

By signing below, my parent(s)/legal guardian(s), and I agree to the terms outlined above.

Signature of Parent/Guardian: _____ Print name of Parent/Guardian: _____ Relationship to Camper: _____ Today's Date: _____

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Payment Form

Please mark how many campers will attend each session in the left column. Calculate the number of sessions and cost below for your total amount due.

___ Session #1: August 6, 2018 – August 10, 2018 ---------- $200

___ Session #2: August 20, 2018 – August 24, 2018 -------- $200

___ Session #1 or 2: Sibling ------**$**180

Amount Due: $_____

I will be paying by __Credit Card __ Check*

Credit Card Information:

Type of card: _____

Cardholder Name: _____

Card Number: _____

Expiration date: _____ (MM/YYYY)

CSV (Security Code): ____

Billing Address: _____

_____

*Please make checks payable to "CAMP" and include your campers name(s) on the bottom. Please include your check with your application materials and mail them together.