

# **SERTOMA DEAF CAMP**

## **PARENT'S AGREEMENT AND CONSENT FORM Explorers and Challengers**

Camper's Name \_\_\_\_\_

The Sertoma Deaf Camp is designed for deaf and hard-of-hearing children, as well CODA children or siblings of deaf children. The camp is sponsored by Sertoma clubs in the states of NC, VA & MD, and organized by the Camp Sertoma of NC-VA-MD Committee. The camp is held at the Sertoma 4-H Educational Center in Westfield, NC and is staffed and programmed in a coordinated effort between the Camp Sertoma Committee and 4-H of North Carolina. Below are some guidelines and understandings we would like all of our youth participant families to acknowledge.

**CHILD/STAFF RATIO:** Our structure is developed to work with young people who can succeed in a program of a 1:8 staff/child ratio. During Sertoma Deaf Camp we will make all efforts to have at least one signing staff member in each cabin group. Where this is possible the staff/child ratio will be 1:3.

**FEES:** Camp fees will be paid in advance (\$375 per camper, including a \$75 non-refundable deposit) and will not be refunded if my child returns home voluntarily or is dismissed. Full or partial scholarships may be available to families in need of such.

**DISCIPLINE:** The Center staff, (which includes summer camp staff, Sertoma Deaf Camp Coordinator, Sertoma volunteers) has my permission to discipline my child (no physical contact). However, the camp staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others. I understand that the Sertoma Deaf Camp Coordinator/Director reserves the right to dismiss my child if he or she, in the opinion of the Sertoma Deaf Camp Coordinator/Director becomes a discipline problem or is disruptive to the program. Staff will counsel the campers whenever possible to avoid dismissal of any child. Sertoma Deaf Camp is not a place for young people who have had frequent discipline problems.

**MEDICAL COST AND INSURANCE:** Neither the 4-H Center nor the camp staff shall be liable for the cost of any medical treatment. I understand that camp insurance covers only certain accidents and illnesses. I/We will be responsible for, any pay for, any medical charges not covered by insurance. Limit of camp insurance for accident is \$2,500 and for illness is \$1,000. Camper illness and/or injury sustained while at camp must be reported and recorded while on site to be covered by the Center's insurance. Pre-existing illness or condition (asthma, diabetes, etc.) is not covered.

**CAMPER'S PERSONAL PROPERTY:** Neither the 4-H Center nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring radios, CD/DVD players, pagers, cell phones, video games or other expensive property to camp. Disposable cameras, versus digital cameras, are recommended.

**DAMAGE:** I/We will be responsible for and pay for any damage done by my child either alone or with others.

**NO ONE** is to leave the Center grounds without permission of the Center Director and/or the Sertoma Deaf Camp Coordinator. Permission must be secured **BEFORE** leaving the Center grounds.

**MEDICATION:** I understand that medications are to be turned over to center health personnel and not kept by my child while attending camp. Exceptions will be made for inhalers, but they will be kept in the possession of the cabin counselor.

**IN CASE OF MEDICAL EMERGENCY:** I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician/dentist selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child. I also give permission for first-aid treatment of my child at camp by designated personnel.

**I AM RESPONSIBLE FOR:**

- a) Picking up my child in the case he/she is ill or dismissed from camp within 4 hours of notification.
- b) Providing proof of authorization to take custody of the child.
- c) Providing an emergency contact & phone number of someone who is responsible for the camper.

**SPECIAL NEEDS/DISABILITIES:** Campers need to be able to dress, eat and use the bathroom without assistance. If your child has any physical or emotional challenges (other than hearing/speech), please indicate below:

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**TRIP & TRAVEL:** I understand that my child is taken off site for one day where they will participate in adventure based programs to include hiking, canoeing, and swimming at Hanging Rock State Park. I give my permission for my child to participate in this program.

**CONTACT DURING CAMP:** Campers will not have regular access to phone or email to contact their parents, and vice-versa. In the case of an emergency, staff may facilitate a phone call or email between parent and child, but otherwise, we discourage this for the sake of helping to create some independence for the campers. Cell phones, Blackberrys, PDAs of any type are not allowed.

**PUBLICITY RELEASE:** I Do \_\_\_\_ / Do Not \_\_\_\_ give permission for any photo or video of my child to be used for marketing, publicity or educational purposes, including but not limited to printed brochures, photographic slide shows and website production.

**Agreed/Acknowledged:**

I/We \_\_\_\_\_ (parent/guardian name) have read and understand this entire form and I/We agree to be bound by the conditions and agreement. We have also read the document called "Code of Conduct and Disciplinary Procedures" and understand and agree to the terms therein.

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SIGNATURE OF PARENT/GUARDIAN

Date