

# 2015 Shaver's Creek *Summer Camps* Registration Form

If you're not already a member, you may join at [ShaversCreek.org](http://ShaversCreek.org)/Join to receive member discounts.

If you use this paper form, please complete **both** sides, print clearly, and use a **separate form for each child**. You may photocopy this form for additional camp registrations. Return registration form and payment to:

Summer Camps, Shaver's Creek Environmental Center, The Pennsylvania State University, Box 410, State College PA 16804-0410 or Fax: 814-863-2765

**Full payment is required at the time of registration.**

Please choose one session in which to enroll your child. Use additional forms for additional campers. Enrollment per session is limited. Payment in full is required with each registration. **Camp fees are nonrefundable.**

### Discovery/Explorer 4-Day Camps

**Discovery • Ages 6–8**

**Explorer • Ages 9–11**

\$155 nonmembers/\$125 members

- June 16–19     July 21–24  
 June 23–26     August 4–7

### Wee Wonderers Camp • Ages 4–5

\$75 nonmembers/\$60 members

- July 28–30 (preschool/kindergarten)

### Discovery/Explorer 5-Day Camps

\$195 nonmembers/\$155 members

- June 29–July 3     July 13–17

**All 5-Day camps are full with no waitlist.**

### Aquatic Adventures • Ages 12–14

\$155 nonmembers/\$125 members

- July 21–24

### Wild About Art • Ages 12–14

\$155 nonmembers/\$125 members

- July 28–31

### Rock'n River Adventures • Ages 12–15

\$390 nonmembers/\$340 members

(includes transportation)

- June 15–19     July 13–17 (**full**)  
 June 22–26     July 20–24  
 July 6–10

Please call the camp registration office at 814-867-4973 before registering to confirm that your preferred week is available.

Scholarships are available; email [ShaversCreek@outreach.psu.edu](mailto:ShaversCreek@outreach.psu.edu) for more info.

Camper's last name \_\_\_\_\_ First name \_\_\_\_\_ Camper's Penn State ID no.\* OR Social Security no.\* \_\_\_\_\_

\*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.

What grade will the camper be entering next fall? \_\_\_\_\_ What is the camper's age at camp time? \_\_\_\_\_ Are you a returning camper?  Yes  No

You may list ONE same-aged child with whom you would like your child to be grouped: \_\_\_\_\_

May your camper have Benadryl administered for bee stings?  Yes  No What is your camper's swimming ability?  Beginner  Intermediate  Advanced

Does your camper have any physical or emotional conditions of which our staff should be aware, such as asthma, allergies, ADD/ADHD?  
 (Please call the Shaver's Creek camp director at 814-863-2000 if your camper will need special accommodations or if you have questions regarding physical access.)

#### Release (required for participation):

I, the undersigned, as parent or guardian of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in the Summer Camps program sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at one of the Summer Camps or in the course of activities held in connection with the Summer Camps.

Additionally, I give my permission for him/her to be photographed, videotaped, and/or audiotaped while participating in Shaver's Creek programs. I understand that the images may be used by Shaver's Creek to promote programs.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Summer Camp T-shirt size THIS SUMMER (please choose only one): Youth  S  M  L Adult  S  M  L (price included in camp)  
 Please choose a size bigger than you think — your child will be older when camp starts, and they can always grow into it! **We cannot accommodate for size switching.**

<b>Payment in full is required with each registration.</b>	
Camp fee (from chosen session above)	\$ _____
Optional transportation fee <b>\$40</b> (5-day camps only)	\$ _____
<b>Camp total (Camp fees are nonrefundable)</b>	<b>\$ _____</b>

Parent/guardian email address \_\_\_\_\_

By checking this box I agree to allow Penn State to use this email address to communicate with me about this program (required for email confirmation)

#### Payment option:

- Check to "Penn State" for camp total is enclosed.  
 Charge the camp total to my credit card below.

Name on card (print) \_\_\_\_\_

Cardholder's email address (to receive payment confirmation) \_\_\_\_\_

Signature \_\_\_\_\_

Card no. \_\_\_\_\_ / \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_

**Penn State University Youth Program Health Services Medical Treatment Authorization**

**Personal Information**

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F  
 Specify camp your child will be attending (from front) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Plan Number \_\_\_\_\_ Is physician authorization needed?  Yes  No  
 Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

***In case of emergency, please notify***

If neither parent or guardian is available in an emergency, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

**Health History** [Please check and provide approximate dates that camper suffered from allergies and other conditions listed below]

**Allergies**

Hay Fever  Bee/Wasp Stings  Insect Stings  Penicillin  Peanut  Other Food/Drugs: \_\_\_\_\_

**Other**

Asthma  Diabetes  Convulsions  Concussion  Behavioral/Emotional  Other: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Please list any **major** past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any **major** operations or serious injuries (include dates): \_\_\_\_\_

Has the youth ever been hospitalized? \_\_\_\_\_

Does the youth have any chronic or recurring illness? \_\_\_\_\_

Is there anything else in youth's health history that the camp staff should know? \_\_\_\_\_

Are there any activities from which the youth should be restricted? \_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_

Does the youth have any special dietary restrictions?  No  Yes If YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?  No  Yes If YES, explain: \_\_\_\_\_

Will the youth need to take any medication during the program?  No  Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

*Continued on next page*

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_



All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications ONLY. Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections). Penn State Youth Program staff will NOT purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications if necessary, ONLY upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.

It is NOT permissible for a participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.



I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program. I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/ dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.



In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill if a claim can't be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program.

However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

**HIPAA**

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices: <http://bit.ly/UHSprivacy>



I understand that, unless specifically stated otherwise in the Penn State youth camp/program/ event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.



\_\_\_\_\_  
Parent's/legal guardian's name (please print)

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO:**

**Summer Camps, Shaver's Creek Environmental Center, The Pennsylvania State University,  
Box 410, State College PA 16804-0410**

**or Fax: 814-863-2765**