



FORM 1

Complete and Return to:
8205 Glen Haven Rd.
Soquel CA 95073
Fax (831) 479-6718

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Name _____
First _____
Middle _____
Last _____
(For Camp Use) Cabin or Group: _____
(For Camp Use) Session Code(s): _____

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____



Kennolyn Health History Form 1

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis★ (DTaP) or (TdaP)						
Tetanus booster★ (dT) or (TdaP)						
Mumps, measles, rubella★ (MMR)						
Polio★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications can be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |



Kennolyn Health History Form 1

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|--|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? ... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns Yes No
- Had a significant life event that continues to affect the camper's life Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Please Read and Sign: We cannot process your application until you sign and date below.

Deposit and Refund Policy: PLEASE READ AS IT HAS CHANGED

Kennolyn has limited enrollment and can only accept a certain number of campers in each age group. Every application must be accompanied by the appropriate deposit: Resident Camp (incl. Leadership Program) \$500 per camper per session; Day Camp \$200 per camper per session; Family Camp: \$500 per family. Please send full payment with all applications submitted after May 31st. **All Cancellations must be submitted in writing.**

Resident Camp and Family Camp Refund policy.

Cancellation received before January 15th, no fee.

Cancellation received before March 31st, \$250.00 fee.

Cancellation received after March 31st but before May 31st, \$500 fee.

Starting June 1st we reserve the right to retain the entirety of the tuition, but at our discretion we can give the following refund options:

Cancellation for Medical issue with documentation from a physician \$250 fee

Cancellation for Personal issue; two options:

- 1) Rollover all tuition to the next summer, less a cancellation fee of \$250
- 2) Receive a 50% refund, camp retains 50%

Day Camp Refund Policy.

Cancellation received before January 15th, no fee.

Cancellation received before May 31st, \$200.00 fee.

Starting June 1st we reserve the right to retain the entirety of the tuition, but at our discretion we can give the following refund options:

Cancellation for Medical issue with documentation from a physician \$50 fee

Cancellation for Personal issue; two options:

- 1) Rollover all tuition to the next summer, less a cancellation fee of \$100
- 2) Receive a 50% refund, camp retains 50%

In every program offered by Kennolyn, you will receive no refund if:

- 1) Your camper is dismissed from camp. We reserve the right to ensure the safety and well being of all campers and to dismiss a camper, without refund, for misconduct or unsociable behavior as determined by the Directors.
- 2) You choose to withdraw a camper for any reason before he / she has completed the entire session they were enrolled for.
- 3) You do not submit a complete state required health form by the required due date.

Summer camp is a wonderful experience for boys and girls and teaches them a great deal about themselves and the world around them. Part of the magic of camp is that the activities take place in the out of doors and campers are invited to explore new challenges. Obviously, with these challenges comes risk. Our purpose in this disclosure is not to worry you, but to point out that there are risks connected with the fun, excitement and adventure of a camp experience.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Kennolyn Camps, I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue**, Kennolyn Camps, Inc. and its sister corporations, all officers, directors, shareholders, employees, agents, representatives, successors, assigns, and heirs (collectively, "related parties"), from liability **from any and all claims including the negligence of related parties**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. An optional program at Kennolyn's Resident Camp is the 3-day backpacking trip to Big Basin State Park. I hereby give permission for my child or ward to participate in the backpacking trip under the supervision of Kennolyn staff. I understand that this trip will include camping and hiking on property within Big Basin State Park operated by California State Parks.

Assumption of Risks: Physical activity, by its very nature, and the use of Kennolyn property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Kennolyn Camps has facilities for and provides for activities such as, but not limited to, camping, hiking, ropes course, surfing, climbing, swimming, diving, backpacking, mountain biking, horseback riding, trapeze, etc.,. Some of these involve situations, environments or activities that may lead to illness, physical injuries, psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, strains, sprains, contact with poisonous plants and animals, heat exhaustion, dehydration and embarrassment 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 Kennolyn Camps 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 HARMLESS Kennolyn Camps and related parties from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at Kennolyn Camps 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. **Choice of Law; Jurisdiction.** All questions with respect to the construction of this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provisions of the laws of the state of California.

Acknowledgement 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.

Kennolyn cannot accept responsibility for any personal items or luggage lost or damaged including items lost during laundry service.

Kennolyn may use any pictures or videos taken of campers and families during camp time. This includes digital images, which may be posted on our web site. We may transfer the rights to use images of campers to third parties.

It is essential that any pertinent information, including any social, emotional or physical problems that might limit a camper's active participation in camp activities be discussed with the directors prior to acceptance and attendance at camp. We want this to be a successful experience for the camper and the camp. This confidential information may be sent by letter, telephone, fax, or personal visit.

I have read and understood all of the above conditions and having enrolled a camper at Kennolyn agree to be bound by them.

Camper's Name (please print) : _____

Signature of parent or legal guardian _____ **Date** _____



FORM 2

Complete and Return to:
8205 Glen Haven Rd.
Soquel CA 95073
Fax (831) 479-6718

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an **as needed basis** to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

- To foods (*list*):
- To medications: (*list*):
- To the environment (*insect stings, hay fever, etc. – list*):
- Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Camper Name _____
Camp Use) Session Code(s): _____
First Middle Last
(For Camp Use) Cabin or Group: _____
(For

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code
Telephone: (_____) _____ Date: _____