



## REGISTRATION

Register	Week	Dates	Theme	Price* (see below)
Y N	Week 1	June 19-23	Pirate	\$150
Y N	Week 2	June 26-30	Dinosaur	\$150
Y N	Week 3	July 3-7	4 <sup>th</sup> of July	\$150
Y N	Week 4	July 10-14	Jungle	\$150
Y N	Week 5	July 17-21	Space	\$150
Y N	Week 6	July 24-28	Animal	\$150
Y N	Week 7	July 31-August 4	Farm/Country	\$150
Y N	Week 8	August 7-11	Superhero	\$150
Y N	Week 9	August 14-18	Ocean	\$150
Y N	Week 10	August 21-25	Sports	\$150
Y N	Week 11	August 28- September 1	Firefighter/Policemen	\$150

**\*t-shirt included in price**

**Weekly price reduced to \$125 if signed up for 4 weeks or more**

Refund Policy: Cancellations must be made 7 days prior to start date to receive a half refund. If cancellations are not made 7 days prior to the start date, no refund is given. If you want to cancel a week and reschedule to a different week, there is a \$50 fee.

**Does the camper take medication? Y N**

If yes, daily medication must be sent with the camper in a prescription bottle. We have a registered NAR on site to supervise medication distribution. Each prescription bottle needs to include: 1) Name of camper; 2) Name of physician; 3) Name of medication 4) Dosage and amount; 5) Time to take. If camper has more than one medication, please put the prescription bottles in a large ziplock bag. **Please fill out medication waiver on Page 4.**

Friday's are BBQ/Water day. Lunch does not need to be provided, unless camper has dietary restrictions. Please send camper with swimsuit, towel, and extra change of clothes on Friday only. Parents are welcome to come at 1pm on **Fridays only** and join us for the afternoon activities.

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Relationship to Camper

Please return completed application and fees to: Project id, 1412 W. Central, Spokane, Washington, 99208.

Any questions/comments/concerns:

Contact: Michelle FitzGerald  
Cub Camp Coordinator  
michelle@projectidspokane.org  
(509)780-2829

## Medication Information and Waiver

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

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

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Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

I understand and agree to follow these policies:

1. I have informed Project id of all medications which I will be taking during the program, the side effects of the medication, and what first aid would be appropriate.
2. The staff may take custody of the medication, but I am still responsible for my own medication. I will provide the medication packaged in prescription packages, by dosage, labeled by a physician or pharmacist. The label shall include the camper's name, physician's name, dosage amount, and the time taken. Only medication for the duration of the activity will be included.
3. I acknowledge that the instructions on the pharmaceutical container are accurate. Furthermore, I agree to allow staff to assist, if necessary, in the administration of my medication.

I promise not to sue or present a claim for personal injury or wrongful death against Project id and its employees regarding medication.

I am the parent or guardian of the participant and acknowledge that I have read this document and understand its contents and agree to each item noted above. I understand that, to the extent allowed by law, I am waiving my child's rights.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_