

FOR CAMPERS' & VOLUNTEERS' SAFETY —
EVERYONE at Camp MUST fill out & submit form by May 15.

2020 MI PUEBLO DAY CAMP
CAMPER/VOLUNTEER/TEACHER INFORMATION

It is critical for the operation of Camp and the smooth running of the classrooms that this form be completed and returned immediately.
You may include all family members on the same form.

NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL, AND WILL ONLY BE MADE AVAILABLE TO THOSE WHO NEED TO KNOW SPECIFIC INFORMATION.

Please fill in the requested information **AS BEST AS YOU CAN AT THIS TIME** for Campers, Day Care Children, Volunteers-in-Training, Teens and Adult Volunteers/Teachers and **MAIL IT** to: **Mi Pueblo, 2714 Leighton Road, Shaker Heights, Ohio 44120, OR E-MAIL to GruberWL@aol.com.**

PLEASE PRINT NAMES:

Family Name(s) (1) _____ (2) _____

Volunteer/teacher (3) _____ Check One: Teen ___ Adult ___

Volunteer (4) _____ Check One: Teen ___ Adult ___

Camper: (1) _____ Age at time of Camp _____

Camper: (2) _____ Age at time of Camp _____

Camper: (3) _____ Age at time of Camp _____

EVERYONE: Provide contact information for camp week. If your address and telephone number during the week of Camp will be different from the one listed on your registration form please list your Camp address below if you know it now.

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

If you have a CAMPER(S), and no adult in your family will be at Camp, provide a parent or guardian or other person to contact locally, and a phone number and email address to contact this person(s):

Name: _____ Relationship to Camper: _____

Telephone: _____ Email: _____

EVERYONE - Provide a contact in case of emergency: Everyone, including volunteers, should list someone not at Camp to contact in case of an emergency.

Name(s): _____ Relationship: _____

Telephone: _____ Email: _____

Describe any special needs any CAMPER has for behavior and/or learning: (Include description of any IEP for school for any of your Campers.)

Camper: _____ Special Needs: _____

Camper: _____ Special Needs: _____

Describe any special CAMPER needs or limitations (e.g. meds, participation in games, dance, etc.):

Camper: _____ Special Needs: _____

Camper: _____ Special Needs: _____

- OVER PLEASE -

Describe any special MEAL/FOOD needs or restrictions of any CAMPER/VOLUNTEER/TEACHER:

Camper/Volunteer: _____ Restriction/Need: _____

Camper/Volunteer: _____ Restriction/Need: _____

Describe any CAMPER/VOLUNTEER/TEACHER allergies:

Camper/Volunteer: _____ Allergies: _____

Camper/Volunteer: _____ Allergies: _____

Does any Camper carry an Epi-Pen? Yes ___ No ___

If yes, name(s): _____

Medical Waiver: I authorize the staff of Mi Pueblo, including the Camp nurse, to carry out any minor treatment deemed necessary for the well-being of my child.

Signature: _____

Printed Name: _____

Teen Volunteer and 7th/8th/V.I.T. Evening: It is a tradition at Camp that mid-week the younger & older teens have separate activities after Camp (4:00-8:30). Parents will be present at both activities. To give us an idea of the interest, let us know if you are interested in participating on **Wednesday, June 24. Adults are needed as chaperones and drivers.** Teens under 18 are not permitted to drive other volunteers, except siblings, with parent permission. No. of Teen Volunteers (10th grade & up): ___ No. of 7th/8th/9th graders: ___ No. adults: ___

ADULTS and TEENS: I would like to attend info session about **travel to my/ my child's birth country.** Yes ___ No ___ Number ___ (Time and location TBD)

Are you **medically trained** and/or certified in **Cardio Pulmonary Resuscitation?**
yes ___ Expiration ___

RELEASE: Please read and sign this statement and mail by May 15.

I am the parent/legal guardian of the child(ren) listed above, and I give my permission for him/her/them to participate in the Concern for Children (CFC) Culture Camp, *Mi Pueblo*. I agree that CFC and Forest Hill Church, their members, volunteers, employees and independent contractors shall not be held liable or responsible for any accidents or losses, however caused, and agree to release all parties involved from any claim, lawsuit, or damages which may arise out of any such accident or loss. ***I also give permission for my child(ren) and me (if I volunteer) to be photographed by the Camp or media.***

Signature of parent or guardian _____

Date _____

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FORM TO: Mi Pueblo, 2714 Leighton Road, Shaker Heights, Ohio 44120. OR E-MAIL TO GruberWL@aol.com

BE SURE YOU FILLED IN BOTH SIDES OF BOTH FORMS !!!! Submit by May 15!