

Short Essay *(Please help us understand your goals. Attach additional sheet if extra space is needed):*

Describe your educational, personal and career goals:

What steps have you taken so far to reach your educational, personal and career goals?

How will this SF Camp assist you in achieving your educational, personal and career goals?

What specific questions or concerns would you like this camp to address?

RULES & REGULATIONS

All camp participants are obligated to agree and comply with the rules below:

1. All Students are expected to be on time for all the Camp sessions.
2. Students should keep their hands, feet, and objects to themselves.
3. Once the "lights out" is called, everyone is expected to be in his/her assigned cabin.
4. Students who will misbehave during the program sessions will be given a warning. If they misbehave again they will be released from the camp, and their parents will have to pick them up. They will no longer be the responsibility of the camp organizers.
5. If caught with harmful or damaging objects, a student will be immediately released from the camp and it will be the parents' responsibilities to pick them up
6. Damage to camp property will not be tolerated. It will be the student's responsibility to pay for any penalty charges for damaging camp property.
7. Be courteous and treat others kindly.

MEDICATION INSTRUCTIONS

If it is necessary for your child to receive medication during camp, please do the following:

1. Give the medication to the camp coordinator (or send the medication to camp with an adult if you are unable to bring it yourself).
2. Send medication in the original container (with date) properly labeled with the following information:
 - Correct name of individual receiving medication
 - Time medication is to be taken
 - Amount of dosage individual is to receive

AUTHORIZATION FOR CAMP AND EXTENDED CARE

- I understand that Sidhpur Foundation will not assume responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp.
- I give permission to Sidhpur Foundation to dispense the above medication, if any, to my child according to the information provided above. In the event that the emergency contacts cannot be reached, I hereby grant Sidhpur Foundation permission to give whatever immediate treatment is necessary and/or take my child to the nearest Hospital Emergency Room. On behalf of myself, and my child, I release Sidhpur Foundation, its trustees, officers, faculty, and employees from any and all claims arising from emergency treatment and/or administration of medication with respect to my child.
- I understand that no part of my fees will be returned if my child should be dismissed from camp.
- I give Sidhpur Foundation consent to use the name and/or photograph/video of my child for inclusion in promotional and informational and other materials which Sidhpur Foundation or its staff in its sole discretion consider to be of benefit to Sidhpur Foundation. This includes (but is not limited to) newspaper, television, and brochures. I waive the right to approve such uses and I release Sidhpur Foundation from any liability in connection therewith
- Permission is hereby granted for my child to attend all scheduled field trips and activities scheduled in connection with the camp. I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury. On behalf of my child, I assume all such risk of physical injury and hereby release and forever discharge Sidhpur Foundation, its trustees, officers, faculty, and employees from any and all liability, claims, expenses or losses arising from bodily injuries or damage to people or property resulting from my child's involvement and participation in the camp. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the camp facilities during participation in the camp.
- No refunds or exchanges.

I, (Please print) _____, the legal parent or guardian of the student, hereby give my consent to Sidhpur Foundation, who will be caring for my child, to arrange for emergency/medical/surgical/dental care and treatment (including diagnostic procedures) necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with any care and treatment rendered.

I HAVE CAREFULLY READ ALL OF THE INFORMATION, POLICES AND PROCEDURES ABOVE AND I AGREE TO ALL TERMS AND CONDITIONS.

Signature of Student

Student's Full Name

Date

Signature of Parent / Guardian

Parent / Guardian's Full Name

Date

Office use only (to be completed by local representative):

Confirmation of participating received from student and parents/guardians: Yes No

Received participation fee in full (\$100): Yes No

If yes: Cash Check (Check # _____)