

# Salmon Camps Registration Form

NOTE: Both sides of this form must be filled out completely for full consideration.

Name of Participant: \_\_\_\_\_ Age (on September 1, 2009): \_\_\_\_\_

Office Use Only  
Customer ID#: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_

## ENROLLMENT INFORMATION

Please check session applying for:

**Salmon Camp Research Team – Oregon & Washington**

June 27-July 16, 2010

Deadline for registration is 14 days before start date of camp.

### Program Evaluation Consent

I understand the Salmon Camp programs are continuously evaluated for the purpose of improving the programs. I give OMSI my consent to collect and use information from my child for such evaluations. Some information collected may include my child's name; however, my child's name will not be associated with any information in evaluation reports.

Some of the ways OMSI collects information from participants is through written questionnaires, interviews, or field notes. My child will have the option to withdraw from any particular evaluation activity if he or she chooses without penalty. Please sign and date below to indicate that you approve your child's participation in SCRT evaluation activities. Please note, your signature does not waive any legal rights.

I am the **parent or legal guardian** of the participant and I approve the above statement and give my consent for his/her participation. \_\_\_\_\_  
Print parent/legal guardian name      Parent/legal guardian signature, Date

I **agree to participate** in these evaluation procedures. \_\_\_\_\_,  
Print participant name      Participant signature, Date

Age of participant \_\_\_\_\_

If you have any questions regarding this study, please contact Steve Tritz, Salmon Camp Coordinator, at [stritz@omsi.edu](mailto:stritz@omsi.edu) or 541-382-1771.

### PLEASE ATTACH Letter of Interest

#### Recommendation

Please write a brief letter about yourself, including why you want to participate and what you think you will gain from the experience. Include a letter of recommendation from a teacher, youth group leader or tribal representative (including their phone number or email address). Attach both letters to this form and mail to Salmon Camp Coordinator.

#### Confirmation

All applications will receive a Status of Enrollment letter within 2 weeks of OMSI receiving a completed application, as well as a detailed program description and personal equipment list.

#### Publicity Authorization

By participating in OMSI's programs, I consent and authorize OMSI to use my child's photograph for educational and public relations purposes related to OMSI.

Complete both sides of this form, attach letters of interest and recommendation, and mail to:

**Salmon Camp Coordinator**  
**1945 SE Water Ave**  
**Portland, OR 97214**

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Name of Participant:	Age:	Birthdate:	Sex: M F
Primary Contact:	Home Ph:	Work Ph:	Cell Ph:
Address:	City:	State:	Zip:
Secondary Contact:	Home Ph:	Work Ph:	Cell Ph:
Emergency Contact: <i>if unable to reach above</i>	Home Ph:	Work Ph:	Cell Ph:
Participant's Email Address:	Parent's Email Address:		

Has your child attended Salmon camps before?  Yes  No

What school district is participant in?

What school does participant attend?

## MANDATORY MEDICAL INFORMATION attach additional sheet if needed

Please check if participant is subject to the following and attach explanation:

- |                                   |                                      |  |  |
|-----------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> BED WETTING | <input type="checkbox"/> DEPRESSION    | <input type="checkbox"/> SEIZURES      |
| <input type="checkbox"/> ASTHMA   | <input type="checkbox"/> BLINDNESS   | <input type="checkbox"/> DIABETES      | <input type="checkbox"/> SLEEP WALKING |
| <input type="checkbox"/> AUTISM   | <input type="checkbox"/> DEAFNESS    | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> OTHER _____   |

Is your child current on all school-required immunizations?  Yes  No

Date of last tetanus inoculation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any medical history or physical restrictions that could affect participation in camp activities:

Please identify any special adaptations or accommodations necessary to assist the camper with participation in camp programs:

List any medications, when they are taken, and for what condition:

List any allergies to food, insects or medications:

How severe and what is the reaction to any allergies listed:

Describe any dietary restrictions (vegetarian, etc.):

Describe any behaviors that may be disruptive to group learning:

- Please check box if your child may **NOT** receive an age-appropriate dose of over-the-counter pain medication for minor injuries or insect bites.

### PLEASE INITIAL BELOW

My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. INITIALS \_\_\_\_\_

Designated OMSI staff will dispense medication under physician's orders. Under statute ors 30.800 and 30.807, all medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both a.m. and p.m.) to administer medication to my above named child in the manner described by the physician's orders. INITIALS \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_, who is under the age of 18 years and who wants to participate in OMSI's programs. In consideration of my child's or ward's participation in the programs, I hereby release, waive, and discharge OMSI, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, whether on OMSI's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of OMSI or any of the individuals listed above. INITIALS \_\_\_\_\_

For campers requiring injections: Generally, OMSI staff are not trained to administer injections or other medical procedures. OMSI policy is to allow individual staff to voluntarily act under the statute ors 30.800 or 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case-by-case-basis. Instructions as to requested injections or medical procedures must be provided by the physician. I request OMSI to inquire whether there are staff who are willing to consider acting under the statute ors 30.800 or 30.807 on a case-by-case basis should my above named child need an emergency injection or other medical procedure in the manner described in the physician orders. OMSI cannot guarantee that it will find willing staff to act under the statute ors 30.800 or 30.807 or that such staff will so act in every case. INITIALS \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Insurance Company & Policy Number \_\_\_\_\_

Physician's Name and Telephone Number \_\_\_\_\_