

CAMP OASIS Policy Acknowledgment & Authorization Form

Camper's Name:	
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POLICY ACKNOWLEDGEMENT

By initialling below, I indicate that I have read and understand the entirety of the policies outlined in the parent handbook.

Please initial next to each subject:

Registration & Payment:	General Information:	Health & Safety:
<input type="checkbox"/> Camp Sessions <input type="checkbox"/> Registration Policy <input type="checkbox"/> Required Forms <input type="checkbox"/> Camp Fees <input type="checkbox"/> Discounts <input type="checkbox"/> Payment Policy <input type="checkbox"/> Methods of Payment <input type="checkbox"/> Cancellations & Refunds	<input type="checkbox"/> Location <input type="checkbox"/> Camp Hours <input type="checkbox"/> Extended Camp <input type="checkbox"/> Late Pickup Policy <input type="checkbox"/> What to Wear <input type="checkbox"/> Sunscreen Policy <input type="checkbox"/> Swimming <input type="checkbox"/> Camp T-Shirt <input type="checkbox"/> Camper Property <input type="checkbox"/> Electronic Devices <input type="checkbox"/> Meals	<input type="checkbox"/> Health Records <input type="checkbox"/> Emergency Contacts <input type="checkbox"/> Medication <input type="checkbox"/> Illness <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Leadership & Safety <input type="checkbox"/> Transportation <input type="checkbox"/> Emergencies

SUNSCREEN AUTHORIZATION

By signing below, I understand the Camp Oasis Sunscreen Policy as stated in the parent handbook. I am aware that Camp Oasis staff will not apply or reapply sunscreen to any camper. Before Camp Oasis staff allows your child to apply sunscreen, you are required to sign this authorization form indicating your desire to have the sunscreen administered, as well as your agreement to relieve Camp Oasis, its agents, employees, or representatives of any responsibility for ill effects resulting from the administering of said sunscreen as set forth within.

Please choose an option below:

- My child **has** my permission to administer his/her own sunscreen under the supervision of Camp Oasis staff.
- My child **does not have** my permission to administer or use sunscreen during Camp Oasis hours.

Signature of Parent/Guardian:	Date:	
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The following BRAND OF SUNSCREEN has been provided:

Brand:	SPF:	
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PHOTO AUTHORIZATION

Throughout the camp day, we take photographs of children who participate in Camp Oasis. We may use these photographs in newsletters, brochures, on our website, and other such publications. Please indicate below whether you do or do not authorize the use of your child's image.

Please choose an option below:

- I **do** give my permission to Camp Oasis/LRCA to use photographs of my child.
- I **do not** give my permission to Camp Oasis/LRCA to use photographs of my child.

Signature of Parent/Guardian:	Date:	
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