

Last Name	
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## 2020 Camper Application Form (page 1)

Camper Information	Camper #1		Camper #2		Camper #3	
<b>FIRST NAME</b>						
<b>LAST NAME</b>						
<b>Gender</b>	Male	Female	Male	Female	Male	Female
<b>D.O.B. &amp; Age</b>	/ /	Yrs.	/ /	Yrs.	/ /	Yrs.
<b>Current School and Level</b>		Grade		Grade		Grade
<b>Name of Friend @ Camp Argo</b>						
<b>T-shirt Size</b> <small>(All campers receive one free t-shirt for the summer)</small>	<input type="checkbox"/> Child X Small (4-6) <input type="checkbox"/> Child Small (6-8) <input type="checkbox"/> Child Medium (10-12) <input type="checkbox"/> Child Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large		<input type="checkbox"/> Child X Small (4-6) <input type="checkbox"/> Child Small (6-8) <input type="checkbox"/> Child Medium (10-12) <input type="checkbox"/> Child Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large		<input type="checkbox"/> Child X Small (4-6) <input type="checkbox"/> Child Small (6-8) <input type="checkbox"/> Child Medium (10-12) <input type="checkbox"/> Child Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	
<b>Health &amp; Medical Information</b>	<b>REMINDER:</b> To notify Camp Argo of all medical information, allergies, medications, special needs, social, emotional, physical needs, etc. <b>REQUIRED:</b> Download & fill-in all medical forms online and submit with this application					

(REQUIRED) Primary Parent/Guardian	...	(REQUIRED) Secondary Parent/Guardian
	<b>Name</b>	
	<b>Address</b>	
	City, State, Zip Code	
	<b>Home Phone</b>	
	<b>Cell Phone</b>	
	<b>Work Phone</b>	
	Business Name or Profession	
	<b>Email</b>	
<input type="checkbox"/> Please check if there is a Parent/Guardianship concern we should be made aware of please contact Camp Argo Office personally.		

(REQUIRED) Emergency Contact <small>(May pick up if Parent/Guardian is absent)</small>	...	(REQUIRED) Alt. Pick-Up <small>(May pick up if Parent/Guardian is absent)</small>
	<b>Name</b>	
	<b>Cell Phone</b>	
	<b>Home Phone</b>	
	<b>Work Phone</b>	
	<b>Email</b>	
	<b>Relationship</b>	

<b>Is authorized to leave camp by:</b>	Primary	Secondary	Emergency Contact	Alt Pickup	Walking	Bicycle	Other
Referred by or how did you hear about Camp Argo:							
Family(ies) who would like to know more about Camp Argo	Name			Family Email			
	Name			Family Email			

### CAMP ARGO

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## 2020 Camper Application Form (page 2)

Write the NAME(S) of each camper in box based on age.	(4 yrs.) Green Discovery	(5,6,7 yrs.) Yellow	(6,7,8 yrs.) Blue	(8,9,10 yrs.) Orange	(9,10,11 yrs.) Purple	(11,12,13 yrs.) Red	(14 & 15 yrs.) Jade Counselor In Training
Session One June 22 – June 26							
Session Two June 29 – July 3							
Session Three July 6 – July 10							
Session Four July 13 – July 17							
Session Five July 20 – July 24							
Session Six July 27 – July 31							
Session Seven Aug 3 – Aug 7							
Session Eight Aug 10 – Aug 14							

Summer 2020 Rates				
<b>1<sup>st</sup> Camper</b> 9am-4pm M-F	<b>Sibling Camper</b> 9am-4pm M-F	<b>Counselor in Training</b> 8:30am-4:30pm Mon – Fri	<b>½ Day Extended School Year</b> 12pm-4pm M-Th & Fri 9am-4pm	<b>Discovery Camper</b> 9am-12pm M-F OR 1pm-4pm M-F
<b>\$265</b> Per Week	<b>\$240</b> Per Week	<b>\$200</b> Per Week	<b>\$215</b> Per Week	<b>\$165</b> Per Week

Extended Camp (optional)	Mon	Tue	Wed	Thu	Fri
<b>7:30am-9:00am</b> (per family)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
<b>9:00am-4:00pm</b> (Camp Hours)	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>4:00pm-5:30pm</b> (per family)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10

**EXTENDED CAMP is optional: \$10 each time slot, per family. DO NOT PAY NOW** – Ext Camp balance will be provided at the end of each session. There will always be a Camp Argo staff member supervising Extended Camp if you need to add this optional service at a later date. There is no prorated time/amount or discounts. If you are picking up past 5:30pm, then a **\$10 per minute** late fee will be applied in order to compensate for staff overtime and you will be billed accordingly. If prepaid, there are no refunds if unused.

### CAMP ARGO

**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

- Authorization form is complete
- Medication is appropriately labeled
- Medication is in original container
- Date on label is current

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name	
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## Youth Health Exam/Record For Campers & Staff (page 1)

Please provide a copy of your child's **BLUE State Health Assessment Form** which is acceptable documentation of the physical and immunizations.

This form needs to be filled out by a doctor or PA, RN, or APRN.

Physical Exams are valid for 3 years from date of last examination.

Camp Argo must have this form completed prior to when your child will be attending camp.

<b>Name of Camper</b>	<b>D.O.B. &amp; Age at Camp:</b>
<b>Home Address</b>	<b>Home Phone</b>
<b>Parent/Guardian</b>	<b>Cell Phone</b>
<b>Parent/Guardian</b>	<b>Cell Phone</b>
<b>Emergency Contact</b>	<b>Phone</b>
<b>Medical Care Provider</b>	<b>Policy Number</b>
<b>Name of Medical Practitioner</b>	<b>Office Address</b>
<b>Name of Insured Parent/Guardian</b>	<b>Camper Relationship to Insured:</b>

**IMPORTANT: This must be completed for attendance**

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine test and treatments for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for me/or my child as named above. I agree to the release of any records necessary for treatment, billing, referral, or insurance purposes.

I also understand and agree to abide with any restrictions placed on participation in camp activities.

  
Camp Parent/Guardian or Staff Member

  
Date

Last Name	
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## Youth Health Exam/Record For Campers & Staff (page 2)

**TO BE COMPLETED BY A SPECIFIED MEDICAL PRACTITIONER**

<b>May Participate in ALL Camp Activities?</b>	<b>YES</b>	<b>NO</b>	<b>Date of Exam:</b>	
<b>Taking any prescription or over the counter medication(s)?</b>	<b>YES</b>	<b>NO</b>		
<b>If "yes" indicate names of medications:</b>				
<b>May Participate EXCEPT for:</b>				
<b>Medical information pertinent to routine care and emergencies:</b>				

<b>Food Allergies?</b>	<b>YES</b>	<b>NO</b>
<b>Reactions:</b>	<b>Treatments:</b>	
<b>Medication Allergies?</b>	<b>YES</b>	<b>NO</b>
<b>Reactions:</b>	<b>Treatments:</b>	
<b>Other Allergies? (bee stings, seasonal, etc.)</b>	<b>YES</b>	<b>NO</b>
<b>Reactions:</b>	<b>Treatments:</b>	
<b>Does this individual have special needs?</b>	<b>YES</b>	<b>NO</b>
<b>Explain:</b>		

General Questions	Ye	No	General Questions	Yes	No	General Questions	Ye	No	General Questions	Yes	No
Asthma			Back problems			Frequent ear infections			Sleepwalking		
Diabetes			Recent illness or infectious disease			Hospitalization			Abnormal menstrual history		
Seizure Disorder			History of bed-wetting			Surgery			Orthodontic appliance		
Bleeding/Clotting Disorder			Eating disorder			Diarrrhea/constipation			Frequent headaches		
Heart disease			Emotional disorder			<b>Please explain YES answers:</b>					

<b>Please provide any further information concerning behavior, physical, emotional or mental health that the camp should be made aware of:</b>	
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**This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices.**

	YES	NO		YES	NO
<b>Measles</b>			<b>Hepatitis B</b>		
<b>Mumps</b>			<b>Diphtheria</b>		
<b>Rubella</b>			<b>Pertussis</b>		
<b>Chickenpox</b>			<b>Pneumococcal Conjugate</b>		
<b>Tetanus</b>	<b>Date:</b>		<b>Polio</b>		

Signature of Physician, PA, APRN or RN
Date Signed
Phone

**CAMP ARGO**

**Check List**  
**Special Medication Authorization**

Please include camp name, address and license number

The licensee may request to administer medication to a child attending the youth camp by a modality other than oral, topical, inhalant, injectable by a premeasured commercially prepared auto-injector, rectal, and injectable other than by a premeasured commercially prepared auto-injector.

- Written order by Authorized Prescriber:**
- Name, address, and date of birth of child
  - Date medication was ordered
  - Medication or drug name, dose, and method of administration
  - Time medication is to be administered
  - Date(s) the medication is to be started and ended
  - Relevant side effects and the authorized prescriber's plan for management if they occur
  - Notation if the medication is a controlled drug
  - Listing of any allergies, reactions to or negative interactions with foods or drugs
  - Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given
  - Name, address, and telephone number of the authorized prescriber ordering the drug
  - Authorized prescriber's signature
  - Name, address, telephone number, signature, and relationship to the child of the parent(s) giving permission for the administration of the drug.
- Statement by the **authorized prescriber** indicating that the requested modality is the only reasonable means of providing medication; and that the administration must occur during hours of the child's attendance at the youth camp.
- Statement by the **authorized prescriber** that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child.
- Written training plan including:**
- Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who shall provide the training.
  - Detailed outline of the curriculum areas to be covered in training including, but not limited to:
    - Statement of objectives
    - Description of administration including principles and techniques

- Techniques to encourage children who are reluctant or noncompliant to take their medication and the importance of communicating the noncompliance to the child's parent and to the authorized prescriber
- Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly
- Recognition of side effects and appropriate follow-up action
- Safe handling, including receiving medication from parent, and safe disposal
- Universal Precautions
- Proper storage
- Record keeping

Written permission from the child's parent/guardian

Other requested written information from the Agency

***These policies and procedures shall be available for review by the Agency during site inspections or upon demand and shall reflect best practice.***

Program should have written policies and procedures for the administration of this medication for this individual child including, but not limited to;

- Parent responsibilities and Equipment
- Staff training, staff responsibilities and/or limitations
- Proper storage, maintenance, labeling and disposal of test materials and supplies
- Record keeping
- Reporting test results, incidents and emergencies to the child's parent(s) and the child's physician, physician assistant or advanced practice registered nurse
- A location where the tests occur that is respectful of the child's privacy and safety needs.

*If the Agency grants the petition, NO medication may be administered until after the proposed training program has been successfully completed and a written certification from the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who provided the training is submitted to the Agency. The certificate shall include:*

**Certification**

Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant, pharmacist or registered nurse who shall provide the training;

location and date(s) the training was given;

a statement by the trainer that the curriculum approved by the Agency was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

the name, date of birth, address, and telephone number of the person(s) who successfully completed the training.

***Once the certification is received, the facility will be notified in writing by the Agency that approval for the petition for special medication authorization is granted. Until then, unlicensed personnel will not be allowed to administer this medication.***



Last Name	
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## Parental & Camper Consent Form (Page 1)

### Terms of Enrollment

- I understand that camp registration is non-transferable. I understand that Camp Argo offers one-week programs and under no circumstances may weeks be split between campers.
- I may choose to pay the full amount when registering online or provide a **\$100.00 Deposit** (per child/per session) to reserve my child's roster spot. Deposits are non-refundable & non-transferable and will be applied to the total rate amount.
- Any remaining portion of the total session amount must be paid in full by the **SUNDAY, 8 DAYS BEFORE ATTENDING** of each session my camper is attending to confirm potential group assignment, special guest needs, and employment of adequate counselors, etc.
- Due to the registering waiting list, if the remaining weekly amount is not paid in full by **SUNDAY, 8 DAYS BEFORE ATTENDING**, I understand that my **\$100 deposit** will be retained by Camp Argo (unavailable to be applied to a later date). My roster spot will then be available for a new camper on the waiting list.
- Camp Argo may accept "drop-in" campers for the day with the approval of the Camp Director. The **\$100.00 Drop-in** rate (per day/per child) will be applied (or regular weekly rate if dropping in on Monday) and full payment must be made (**offline with cash or check**) upon registration.
- Discovery (4 year old) Option – due to waiting lists, the option to attend both morning & afternoon Discovery blocks will require Camp Director approval the payment of \$165 each block.
- Extended Camp Option – morning or afternoon extended camp rate is \$10 per block which includes all family members. Pickup after 5:30pm, I understand that I will be charged \$1 per minute. Late pickup payment must be made at the time of pickup or drop off the camp next day.
- If I choose to withdraw my child from a full week session of camp prior to attending, then Camp Argo must be notified by the **SUNDAY, 8 DAYS BEFORE ATTENDING** (one week before camp starts) to allow reimbursement minus a **\$100.00 Recovery Fee (per child/session)**. Otherwise, if I choose to withdraw my child from camp after SUNDAY, 8 DAYS BEFORE ATTENDING or if my child is dismissed from Camp Argo, there **will be no refund**.
- Medical Exception Refund – If my child cannot attend or finish a session due to an illness or injury, a doctor's note **MUST** be provided. I will make a reasonable effort to allow my child to continue attending, and I understand that Camp Argo will make a reasonable attempt to modify camp activities to help accommodate and provide my child with a fun camp experience while recovering from illness or injury. A prorated (per day) refund may be issued from the date of initial notification.
- Unforeseen Circumstances Refund - I understand that Camp Argo may need to postpone or cancel the remainder of the day/week due to circumstances or conditions beyond their control such as (but not limited to) natural disasters, acts of God or Mother Nature, public health emergency, etc. I understand that Camp Argo will make a reasonable attempt to continue camp during the remaining day/week. However, I will accept that a prorated (per day) refund may be issued for the remaining full days or week not attending. If Camp Argo cancels a session by the Monday prior (one week before camp starts) to attending, a reimbursement of camp registration fees may be issued minus the **\$100.00 Recovery Fee (per child/session)**.
- I have completed all required information, and I have enclosed my deposit or full payment made online. I understand that representatives of Camp Argo, cannot, without exception, guarantee email availability. All applications are processed in order of arrival, and I will be sent a confirmation email notification from Campdocs once received. Other emails may include any particular camp details pertaining to my child's session sent the weekend before the session begins. If confirmation has not been received, I understand I can inquire by emailing [campargo@gmail.com](mailto:campargo@gmail.com) or calling the camp office (203)799-2746 for further information.
- I understand that by signing this Parental Consent form I assume responsibility for payment of camp tuition and fees.

### First Aid and Safety Policies

- I certify that I have provided Camp Argo with the correct medical information and all required forms for my child(ren) by the **SUNDAY, 8 DAYS BEFORE ATTENDING** and will notify the organization if there are any changes as soon as possible.
- In the event of an emergency and I cannot be reached, or the emergency contact, I hereby give permission to Camp Argo to contact the EMS or 911. I also understand that I am financially responsible for the medical care of my child. (Camp Argo is not responsible for any EMS charges)
- I understand **Camp Argo is NOT a nut-free environment**, and I will specify any needs/restrictions my child may have on the required paperwork.
- My child has permission, without restriction, to participate in all snacks, regular and special programming. I understand and realize Camp Argo will follow safety procedures, but that all physical activities include a certain risk and that Camp Argo assumes no liability for injury or damage arising from or as a result of participation. I affirm that it is common knowledge that field sports, camp crafts, indoor and outdoor games, hiking, and other camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality.

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### Parental & Camper Consent Form (Page 2)

- In consideration of, and as part payment for, the right to participate in all Camp Argo activities and the services and food arranged (when applicable) by Camp Argo, and its agents, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will NOT hold Camp Argo and its agents, servants, and employees liable which may arise out of or in connection with any food provided, and related participation in any other activities arranged for by Camp Argo, its agents, servants, and employees. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISK** for any minors. I understand and agree to all of the above first aid and safety policies.

**Campers will agree to the following Internet Social Networking and Blogging Policies:**

- Campers must be respectful in all communications, blogs and posting photograph/ videos when related to or referencing Camp Argo, its employees, and other campers.
- Campers must not use blogs or personal Web sites to slander, harass, bully, or intimidate other campers or employees, independent contractors, special guests, etc. of Camp Argo, which include, but are not limited to comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
- Campers must not use blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
- For safety reasons, please do not post Camp Argo schedules or other campers/counselors/leaders personal information on the Internet.

**Campers will:**

- Respect the rights, authority and obey all directives of the Camp Argo staff. Remember that the staff is responsible for you while you are away from home, and they will do what is needed to make camp safe and enjoyable for everyone.
- Understand that it is your responsibility to stay in sight and/or with your appointed staff member and for them to know where you are at all times.
- Not hide, or leave camp premises or designated location, area, event or activity without staff supervision and permission.
- Dress appropriately for a co-ed outdoor recreation experience, including wearing modest swimwear (no bikini's) and close-toed shoes if/when applicable.
- Be willing to share information in matters relating to the health, safety, and welfare of the group. If you feel the need to tell the staff something, you can do so at any time. Please don't ever be afraid to speak with an adult leader.
- Treat the location Camp Cedarcrest, special event guests with respect and use good manners.
- Respect the rights and privacy of all campers and staff. Gossip and talking behind people's backs are unnecessary, and can be extremely hurtful. Respect the personal dignity, opinions, and possessions of others. Stealing or tampering with other campers or counselors personal items will not be tolerated.
- Use all equipment and supplies properly and not intentionally damage camp equipment or facilities, including graffiti. Parents may be charged for any damages to Camp Argo & Camp Cedarcrest.

**Campers will not:**

- Bring any type of knife or weapons of any kind to Camp Argo.
- Bring cell phones, MP3 players/iPods, two-way radios, or other electronic devices unless preapproved by Camp Argo. Camp Argo will not be responsible for any lost, stolen or damaged items.
- Use inappropriate language or topics of conversation, including terms like "Shut up". Name-calling such as "loser", "stupid", "idiot" and "moron" are unacceptable here even if spoken in jest.
- Make physical contact with staff or other campers in any angry or threatening way. Campers must keep their hands to themselves at all times. Fighting **will not** be tolerated and dealt with immediately.
- Engage in or promote verbal or physical fighting, hazing or harassment of other campers or staff.
- Engage in any of the following inappropriate behaviors: sexual harassment, inappropriate touching, verbal sarcasm, any form of unwanted attention, kissing, sitting on laps or type of sexual misconduct.
- Shoplift, use or be in possession of tobacco, drugs, alcohol and/ or sexual material.

**Additional Policies**

- I also give permission for Camp Argo to use my child's voice, testimonial, picture, and/or likeness in any type of promotional material, press releases, social media, and news stories about Camp Argo.

**For the general welfare of all campers, Camp Argo reserves the unrestricted right to dismiss any camper, without refund, whose conduct & lack of safety, in the opinion of the Camp Director and/or the Board of Directors, is inimical to the best interests of Camp Argo. Failure to comply with these rules & expectations may result in the loss of participation in a scheduled activity, or being sent home from camp, suspension and/or dismissal from the entire summer program at parent expense with no refunds.**

I have read and understand the entire **Parental & Camper Consent Form** outlined above. I have discussed the policies with my child and he/she has agreed to adhere to them at all times.

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

\_\_\_\_\_  
Date

**CAMP ARGO**

554 BOSTON POST RD. #120, ORANGE, CT 06477

(203) 799-ARGO (2746)

Last Name	
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## Parent/Guardian Authorization, Release & Indemnity Waiver

Camper Information	Camper #1	Camper #2	Camper #3
FIRST NAME			
LAST NAME			

I am the parent or legal guardian of the camper(s) named above. The health history of the Camper presented to the Camp is correct to the best of my knowledge and the Camper described on his or her admissions application has my permission to engage in any or all of the activities sponsored by the Camp, including specifically, but not limited to, the following:

***Archery, Canoeing, Fishing, Go-Karts, Hiking, Creative Arts, Ropes Challenge Course, etc.***

I understand that, as in all activities, there is a risk of physical injury and damage to property and I hereby agree to assume such risks on behalf of said Participant and all consequences thereof, including the risk of personal injuries to the Participant resulting from participating in any or all of these activities and the use of any equipment in connection therewith, and agree to be fully responsible for any personal injury or damage to property arising out of or in connection with the Camper's use of the facilities at the Camp regardless of the cause, causes or contributing causes of such injury or damage. The undersigned as parent and/or legal guardian of the Camper, a minor, hereby releases, discharges, and covenants to hold harmless the Camp and all staff, employees, officers and directors from any and all claims, causes of action, damages, costs, loss and expenses (including reasonable legal fees), which the Camper or third party may have suffered or incurred, which in any way arises out of or in connection with Participant's use of the Camp property or participation in any activities thereon regardless of the cause or contributory causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor Camper has reached his or her age of majority.

I further promise and covenant (jointly or severally) for myself, individually, and as legal guardian of the Participant and/or my heirs, administrators and executors not to sue in any name or capacity (or implead in any action) said Camp, or any staff member, employee, officer or director of said Camp in any proceedings for damages or injury to the property or person of the Participant or to myself arising out of or in connection with the camper's participation in the activities outlined above at the Camp regardless of the cause, causes or contributing causes of such an injury or damage.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

Last Name	
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## Ticks & Lyme Disease Safety Measures

Camper Information	Camper #1	Camper #2	Camper #3
FIRST NAME			
LAST NAME			

It is important that our campers, parents and staff are aware of the potential risks relating to ticks & Lyme disease. Camp Argo is an outdoor program, so everyone involved must take preventative measures and be cautious of ticks for the safety of the campers & staff.

Some suggestions might be that parents:

1. Choose the appropriate clothing for their camper.
2. Apply tick repellent everyday before attending camp.
3. Perform "tick checks" on their camper each night.
4. Search the Internet or camp website for articles to learn more how to prevent Lyme disease.

If you have any questions, please feel free to contact the Camp Director at [campargo@gmail.com](mailto:campargo@gmail.com) or call the Camp Argo office.

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My name is \_\_\_\_\_, and I have read Camp Argo's **Tick & Lyme Disease Policy** and I understand that it is my responsibility to check my camper(s) (listed above) for ticks after the conclusion of his/her camp experience each day.

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Parent/Guardian

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Date

For more information please go to the [CT Department of Public Health](#) webpage.