

2008 CAMP DAKANI TEEN COUNSELOR & COUNSELOR AIDE APPLICATION

Parents - Please complete both sides and sign the back. PRINT legibly with BLACK or BLUE ink pen.

Check your session choices:

Candy sold in 2008: # units - _____

#1 – June 9 – 13 _____ #2 – June 16 – 20 _____
 #3 – June 23 – 27 _____ Twilight – June 23 – 27 _____
 MaKaYa – June 30 – July 2 _____ #4 – July 7 – 11 _____

Please check: Teen Counselor (Your Camp Nickname _____)
 Counselor Aide

Name _____ Female ___ Male ___
 Registered in Camp Fire? Yes No Race (optional): Asian Caucasian Multi-Racial
 First year DaKaNi counselor/aide? Yes No Black Hispanic Native American
 How did you find out about Camp DaKaNi? Friend Camp Brochure Website Camp Flyer at school Radio Ad

Home Phone _____ Other Phone _____
 Address _____ City _____ County _____ State ___ Zip+4 _____
 Grade next fall _____ Age _____ Date of Birth _____ School _____

PARENT/GUARDIAN _____
 Business _____
 Occupation _____
 Work Phone _____
 Cell Phone/Pager _____
 Email address _____

SPOUSE _____
 Business _____
 Occupation _____
 Work Phone _____
 Cell Phone/Pager _____
 Email address _____

Send my confirmation via E-mail: No Yes: E-mail address (PRINT CLEARLY): _____

EMERGENCY CONTACT _____ Phone _____
EMERGENCY CONTACT _____ Phone _____

Please list who is allowed to pick camper up: _____

<p>With which age do you prefer to work?</p> <p><input type="checkbox"/> K – 2nd grade <input type="checkbox"/> 3rd – 5th grade <input type="checkbox"/> 3 to 4 years old</p>	<p>Check if you want to participate in:</p> <p><input type="checkbox"/> Before and After Camp Care (\$35 additional fee)</p>
---	---

SELECT METHOD OF PAYMENT & DESIGNATE AMOUNT: (Make checks* payable to: CAMP DAKANI)

Cash \$ _____ Check \$ _____ Candy Credits \$ _____ Scholarship \$ _____
 Campership \$ _____ VISA \$ _____ MASTERCARD \$ _____ DISCOVER \$ _____

Name as it appears on charge card: _____
 Card Acct. # _____ Exp. Date _____

** All checks are verified through CheckCare, and a \$35 service fee is charged for all returned checks.*

Camp Fire USA Camp DaKaNi Phone: (405) 478-9454 Fax: (405) 478-5654
 3309 East Hefner Road Oklahoma City, OK 73131-4838

-----OFFICE USE ONLY-----

Date _____			
Camp Fee _____	Tally _____	Confirmation Sent	
Camp Care Fee _____			
Early Discount _____			
Amount Due _____			
Total Paid _____			
Balance _____			
Receipt # _____			

2008 TEEN COUNSELOR & COUNSELOR AIDE MEDICAL INFORMATION

(Must be completed at the time of registration)

Teen Counselor/CA's Name _____ Age at camp _____

Doctor _____ Phone _____ Hospital _____

All immunizations must be current -- with tetanus within last 10 years.

Tetanus Booster Date _____
IMMUNIZATIONS (MUST give DATES):
DTP _____ Polio _____ Hep A _____
DTP _____ Polio _____ Hep A _____
DTP _____ Polio _____ Hep B _____
DTP _____ Polio _____ Hep B _____
DTP _____ Polio _____ Hep B _____
MMR _____ MMR _____
Indicate which: Varicella _____
or Chicken Pox date _____
Other Immunizations _____

ALLERGIES:
Food _____
Drugs _____
Insects _____
Animals _____
Plants _____
Other _____
Please explain reactions and medication used: _____

Registrations will NOT be processed if incomplete.

Operations, serious or chronic _____
Activity limitations _____
Dietary modifications _____

CHECK ALL (tendencies to illness, disabilities or special needs) THAT APPLY:
_____ Indigestion _____ Sinusitis _____ Sore Throat
_____ Constipation _____ Hay Fever _____ Scarlet Fever
_____ ADD _____ ADHD _____
Is child normally on medication for Attention Deficit? Yes No If so, what _____

* Please explain any other special needs or disabilities (mental or physical) that the camp staff needs to be aware of:

FEMALES ONLY: Has camper menstruated? _____ If not, has she been told about it? _____

MEDICATION AT CAMP: _____
All medication must be turned in to the Camp Staff on the first day of each session. All medicine must be in the original container and labeled with the camper's name and directions.

IMPORTANT: I hereby consent to my child's attendance at camp. I realize that all reasonable precautions will be taken to insure my child's safety. I waive any claim against the council. I certify that my child is in good health and will not attend camp in the event of illness or exposure to any communicable disease.

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I understand that I will be contacted to pick my child up at camp if he/she becomes ill and needs to be seen by a doctor. In case of medical or surgical emergency, after every reasonable effort has been made to contact me, our family physician, or one of the alternatives listed, I hereby give my permission to the physician secured by the adult in charge to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

- Camp Staff has my permission to administer the medication(s) listed above.
- I have read the camp brochure and accept the rules of registration. I understand that my child must abide by the camp rules.
- For security purposes, please include mother's maiden name: _____

• Photos of my child may be used for publicity purposes: Yes No
• A photo may be taken as a camp souvenir: Yes No

Parent/Legal Guardian Signature _____ Date _____

If parental consent for medical treatment is not given, a written Medical Treatment Waiver must be enclosed to enroll.