



# SUMMER CAMP

## Application Form

### Instructions

1. The camp fee is **Php9,500**. Please e-mail us for any queries on mode of payment. A non-refundable fee of **Php1,000** is required upon submission of application. This deposit will then be applied to the camp fee once the application is approved. Please deposit at the following:

Bank	BPI Family Savings Bank
Account No.	6865-0148-38
Account Name	Ma. Edna Mirabueno Tanchuling

2. Fill up this form, scan it and email together with the deposit slip to **camp.pathfinder.phils@gmail.com**. On the deposit slip, kindly write the name of the camper and the BPI branch where the deposit was made. Please be reminded to use the same email address that you provided in the **Parents' Contact Details** section. This will help us track your payments.

3. Acceptance letters will follow two weeks after submission of application. Upon acceptance, the balance of **Php8,500** is required to be deposited by **May 23, 2020**. Please follow the same procedure in emailing a copy of the deposit slip to our email address.

### Camper's Personal Details

Camper's Name	<input type="text"/>		
	Last Name	First Name	Middle Name
Nickname	<input type="text"/>		<input type="text"/>
Name of School	<input type="text"/>	Entering Grade	<input type="text"/>
School Address	<input type="text"/>		
Home Address	<input type="text"/>		
Phone / Mobile	<input type="text"/>	E-mail	<input type="text"/>

### Parents' Contact Details

Mother's Name	<input type="text"/>		
Phone / Mobile	<input type="text"/>	E-mail	<input type="text"/>
Father's Name	<input type="text"/>		
Phone / Mobile	<input type="text"/>	E-mail	<input type="text"/>





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## Camper's Medical Information

The camper has no serious medical problem and may participate in any of the activities of the Camp.

The camper has a medical condition that requires restrictions as detailed in the following:

Please specify any allergies/medical problems (e.g. asthma, diabetes, seizure disorder, etc.), including those that require maintenance medication and for which you hereby authorize camp personnel to administer to the camper. If the camper has allergies, please explain how severe the reaction could be and list the medication needed. If it is necessary for the camper to carry an inhaler or an EpiPen, or to take prescription medication, please have the camper's physician fill up this form, listing the medication, dose, frequency and side effects.

Medical Condition	Medication	Dose / Frequency	Side Effects

Date of Last Tetanus Toxoid Booster

Please select which drugs you authorize camp personnel to administer to the camper. If the camper does not take any of the available drugs, please provide the camp staff with the preferred drug.

Symptom	Available Drug		Preferred Drug
Cough	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Solmux	<input style="width: 100%; height: 20px;" type="text"/>
Colds	<input type="checkbox"/> Dimetapp	<input type="checkbox"/> Decolgen	<input style="width: 100%; height: 20px;" type="text"/>
Fever	<input type="checkbox"/> Tempra	<input type="checkbox"/> Biogesic	<input style="width: 100%; height: 20px;" type="text"/>
Allergy	<input type="checkbox"/> Cetirizine	<input type="checkbox"/> Iterax	<input style="width: 100%; height: 20px;" type="text"/>
Stomach Ache	<input type="checkbox"/> Domperidone	<input type="checkbox"/> Maalox	<input style="width: 100%; height: 20px;" type="text"/>
Pain	<input type="checkbox"/> Ponstan	<input type="checkbox"/> Dolan	<input style="width: 100%; height: 20px;" type="text"/>

## Medical Agreement

I hereby agree to have camp personnel administer to my daughter first aid and medication(s) (prescription and/or over-the-counter). In case of an emergency, I authorize camp personnel to obtain medical/dental emergency services including necessary treatment(s) for my child. I acknowledge that all efforts will be made to contact the parents. However, emergency medical services will not be delayed or withheld. I also agree to hold the organizers harmless from liability on account of injuries suffered by the child.

\_\_\_\_\_  
Mother's signature over printed name

\_\_\_\_\_  
Father's signature over printed name



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## Information Survey

How did you hear about the Camp?

Is the camper involved in a girls' club? If so, please indicate the name of club and how long she has been involved.

Tell us something about the camper.

Positive Traits

Interests & Hobbies

Areas for Improvement

## Participation Agreement

I understand that the number of campers is limited in order to preserve the Camp's standards. I understand and acknowledge that the Camp directors reserve the right to refuse admission or request withdrawal of any camper if it is deemed necessary to protect the program's welfare.

I understand and acknowledge that any photograph or videos taken of my daughter during the camp activities may be used in the future promotional camp material.

I understand and acknowledge that the camp is not responsible for lost and/or damaged personal property.

I agree to abide by camp rules regarding phone calls, visitors, etc., and hereby agree to hold the organizers harmless from any liability on account of any injuries suffered by their child.

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Parent's / Guardian's signature over printed name

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Date

