

CALIFORNIA ODD FELLOW AND REBEKAH YOUTH CAMP
“Linking Our Youth to Success”



THREE LINKS CAMP
Summer Camp Application

2018

2018

Mail by June 1st, 2018

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME(S) _____

CELL PHONE:(_____) _____ HOME PHONE(_____) _____

LODGE RECOMMENDATION, if applicable. _____

T-SHIRT SIZE _____

CAMP WEEK: JULY 8TH TO JULY 14TH

\$350.00 fee for the week must accompany application. A free t-shirt is given during the camp week!

Mail all documents to: Joy Maestretti, 112 Palin Ave. Galt, CA. 95632 REFUND if your child not accepted

PARENT OR GUARDIAN STATEMENT. (This statement **MUST** be signed or child cannot attend camp.)

My permission is hereby granted for my son ___; daughter ___; ward ___ to attend the above session at Three Links Camp, 21950 IOOF Road (off Hwy 108), Mi-Wuk Village, in Tuolumne County, California. I hereby give my consent for emergency surgery or medical treatment of above named child should a medical emergency occur while he/she is attending camp. I understand and agree that this statement authorizes the supervising adult at camp to make the decision involving medical treatment without my further approval. I understand that I must provide proof of medical insurance (to include policyholder name, insurance carrier name, policy #, insurance policy telephone #, and copy of health card), and a physician's certificate with this application, or at the latest, mail no later than one week prior to the beginning of camp. I understand that if my child does not conform to camp rules he/she may be sent home at my expense. I also understand that any pictures of my child taken at camp may be used on the camp website and brochures, and other official IOOF related publications, without reimbursement or additional permission for that use.

Signature of Parent or Guardian

Date

Under Child Protective Services or similar? If yes, give organization & name/contact # _____

DO NOT CUT OR DETACH THIS FORM, MAIL IN IT'S ENTIRETY

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THREE LINKS CAMP Physician's Certification

2018

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REQUIRED-PHYSICIAN'S CERTIFICATE FOR THREE LINKS CAMP- SUMMER SESSIONS-REQUIRED

Important! Bring this certificate to physician, then provide completed certificate – mail by June 1, 2018.

Date of Exam _____ (must be after Sept. 1, 2017) Overall Exam Results: Satisfactory ___ Disqualifies ___

Name _____ Sex ___ Grade ___ Age ___ Height ___ Weight ___

Parent or Guardian _____ Cell Ph (____) _____ Hm Ph(____) _____

Emergency Notification _____ Cell Ph (____) _____ Hm Ph(____) _____

Date of Last Tetanus Inoculation or Booster (required) _____ TB Test Results (1 yr or newer; Required) _____

Medications (including OTC) and Directions/Dosages for Meds if not on prescription bottle _____

Food Allergies – Diets – Special Foods _____

Other Special Needs (e.g. inhaler) Comments _____

Physician Printed Name & Address _____

Physician Signature _____ Phone (____) _____

PHYSICIAN – PLEASE NOTE: OUR CAMP IS AT 4800' ELEVATION
(consider this for those with breathing problems)