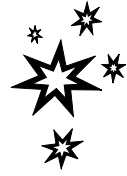




Afternoon Challenge

Session 1 Options

Current 2011 School Grade Level



SPORTS	Period 1	Period 2	Period 3
	Baseball (1-3)	Baseball (4-5)	Baseball (5-9)
	Basketball (5-9)	Basketball (1-3)	Basketball (4-5)
	Miniature Golf (2-9)	Golf (4-9)	Varsity (3-7)
	Junior Varsity (K-2)	Ultimate Frisbee (4-9)	Ultimate Frisbee (2-6)
	Martial Arts (2-4)	Martial Arts (5-9)	Martial Arts (K-2)
	Soccer (3-5)	Soccer (K-2)	Soccer (5-9)
	Tennis (4-5)*	Tennis (1-3)*	Tennis (5-9)*
	Glee!	Zumba	
	ENRICHMENT	Between the Folds	Between the Folds
Send in the Clowns		Send in the Clowns (K-3)	Send in the Clowns (3-9)
Computer Simulation (3-9)		Computer Simulation (3-9)	Computer Simulation (3-9)
Dungeons & Dragons (3-9)		GameStop (2-9)	Let's Go Yu-Gi-Oh
K'NEXplorations		Make 'Em Laugh	CheerS!
Classic Pinball* (6-9)		Classic Pinball*(2-4)	Classic Pinball* (5-7)
Rocket University* (3-9)		Rocket University* (3-9)	Rocket University 2* (4-9)
Hip-Hop Dance (1-4)		PhotoFinish (5-9)	SnapShot (2-9)
Stage Door		Project Runway (1-4)	Project Runway (4-9)

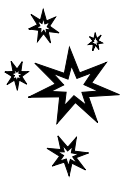


*Rocket University 2 Fee: \$75.00

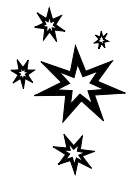
*Rocket University Fee: \$60.00

*Tennis not recommended for advanced players

*Classic Pinball Fee: \$50.00



Afternoon Challenge Session 2 Options



Current 2011 School Grade Level

	Period 1	Period 2	Period 3
SPORTS	Baseball (1-3)	Baseball (4-5)	Baseball (5-9)
	Basketball (5-9)	Basketball (1-3)	Basketball (4-5)
	Miniature Golf (2-9)	Golf (4-9)	Varsity (3-7)
	Martial Arts (2-4)	Martial Arts (5-9)	Martial Arts (K-2)
	Soccer (3-5)	Soccer (K-2)	Soccer (5-9)
	Tennis* (5-9)	Tennis* (1-3)	Tennis* (4-5)
	Junior Varsity (K-2)	Ultimate Frisbee (4-9)	Ultimate Frisbee(2-6)
	Yoga	Send in the Clowns (K-3)	Send in the Clowns
	ENRICHMENT	Brush Up Shakespeare (2+)	LEGO Mindstorms (3-9)
Computer Simulation (3-9)		Computer Simulation (3-9)	Computer Simulation (3-9)
Cookie Monster (2+)		Sweet Temptations (2+)	
Dungeons & Dragons (3-9)		GameStop (2-9)	Let's Go Yu-Gi-Oh
K'NEXplorations		Photo Finish (4-9)	SnapShot (2-9)
Hip - Hop Dance (4-9)		CheerS!	
Mechanical Marvels* (5-9)		Mechanical Marvels* (2-4)	Mechanical Marvels* (5-7)
Rocket University* (3-9)		Rocket University* (3-9)	Rocket University 2* (3-9)
Puppet Street		Wild Things	
Under the Sea (5-9)		Under the Sea (3-5)	Under the Sea (K-3)



*Rocket University 2 Fee: \$75.00

*Rocket University Fee: \$60.00

*Tennis not recommended for advanced players

*Mechanical Marvels: \$35.00

*Challenge Speedway: \$30.00



Challenge Camp Registration

Please Print

Office Use Only	
Date:	_____
#	_____
H	R T A

Child's Name: _____ M F

Parent/Guardian's Name: _____

Address: _____

Town/City: _____ State: _____ Zip code: _____

Home Telephone: (____) _____ Cell: (____) _____

E-mail (Mother): _____ Father _____

Place of Employment: Mother _____ Cell phone: _____

Place of Employment: Father _____ Cell phone: _____

Child's Birth Date: ____/____/____ Age: _____ Current Grade: _____

School: _____

Previous Challenge Experience: Yes How Many Years? _____ No

If Parents Cannot Be Contacted _____ Cell phone _____

In case of Emergency Contact: _____ Telephone: _____

If parents cannot be reached in case of medical emergency, consent is hereby given that the student receive medical and/or surgical care as recommended by physician or hospital.

Signature of Parent/Guardian: _____

Registration Check List:

1. Enclosed letter of recommendation for new campers
 2. Referred by: _____
 3. Transportation Option: New York City Westchester
 4. Your child will receive a complimentary T-shirt. Please indicate preferred size:
Child size: S M L Adult size: S M L XL
 5. Fees: Deposit \$750.00 + Materials Fees
- Program Selections: \$ _____ Initial Payment: \$ _____
- Material Fees: \$ _____ Balance: \$ _____
- Kosher Lunch Fee: \$ _____
- Early Morning Arrival: \$ _____
- Transportation: \$ _____
- Total: \$ _____



Make check payable to: **Challenge Camp**

6. Mail Registration form to: **Challenge Camp**
P.O. Box #586
Bronxville, New York 10708

Owned and Operated by the Gifted and Talented Development Center, Inc.

Challenge Camp



Registration

Courses Desired

Session 1

Mon., June 25 to Fri., July 20
(4 weeks)

Pre-K Program:

Discover, Imagine and Create

Early Morning Arrival: 8:00 a.m.

Morning: 9:00 a.m. – 12:00 p.m.

Afternoon: 1:00 p.m. – 4:00 p.m.

Full Day: 9:00 a.m. – 4:00 p.m.

Morning Workshops:

9:00 a.m. Course No. _____

Title: _____

10:30 a.m. Course No. _____

Title: _____

Afternoon Challenge:

Select Afternoon Activities

Period:

#1. _____

#2. _____

#3. _____

Full Day:

Courses Desired

Session 2

Mon., July 23 to Fri., August 10
(3 weeks)

Pre-K Program:

Discover, Imagine and Create

Early Morning Arrival: 8:00 a.m.

Morning: 9:00 a.m. – 12:00 p.m.

Afternoon: 1:00 p.m. – 4:00 p.m.

Full Day: 9:00 a.m. – 4:00 p.m.

Morning Workshops:

9:00 a.m. Course No. _____

Title: _____

10:30 a.m. Course No. _____

Title: _____

Afternoon Challenge:

Select Afternoon Activities

Period:

#1. _____

#2. _____

#3. _____

Full Day:

Questions?



Contact our Office:

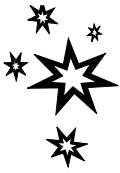
Carole Berman: (914) 779-6024

Fax: (914) 793-2685

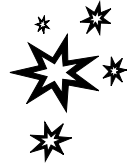
carole@challengecamps.com

www.challengecamps.com

Summer Camp: (914) 337-5376, ext. 1559



Course Selection



If you selected **Morning Workshops**, choose one course for the 9:00 a.m. period and one course for the 10:30 a.m. period. Be sure to select a course that matches your current grade level as of **September 2011**. Indicate course selections and retain for your records.

Course Title	Session 1 6/25 – 7/20		Session 2 7/23 – 8/10	
	9:00 a.m.	10:30 a.m.	9:00 a.m.	10:30 a.m.
<input type="checkbox"/> Discover, Imagine and Create	Pre-K	Pre-K	Pre-K	Pre-K
1. <input type="checkbox"/> Astronomy Delight!	K-2	3-5		
2. <input type="checkbox"/> The Artist's Palette			K-1	2-3
3. <input type="checkbox"/> Insects, Bugs & Squiggly Things	2-3	K-1		
4. <input type="checkbox"/> Let Your Fingers Do the Talking			2-3	K-1
5. <input type="checkbox"/> Fiesta de Musica		K-2		
6. <input type="checkbox"/> Eco-Exploration			3-5	K-2
7. <input type="checkbox"/> Un` Esperienza Italiana	1-3	4-6		
8. <input type="checkbox"/> Books of Thunder		1-3	1-3	4-6
9. <input type="checkbox"/> The Illusionist				1-3
10. <input type="checkbox"/> Checkmate 1	All Grades		All Grades	
11. <input type="checkbox"/> LEGOLand	K-2		K-2	
12. <input type="checkbox"/> LEGOTech		3-5		3-5
13. <input type="checkbox"/> "Into the Woods"	1-4	5-9		
14. <input type="checkbox"/> "You're A Good Man Charlie Brown"			2-9	
15. <input type="checkbox"/> Whose Line Is It Anyway?				2-9
16. <input type="checkbox"/> Brain Strains	1-3	3-5		
17. <input type="checkbox"/> Is That Your Final Answer?	2-4	5-9		
18. <input type="checkbox"/> Anime-tion	5-9	2-4		
19. <input type="checkbox"/> The Challenger			2-9	
20. <input type="checkbox"/> AdBusters				2-9
21. <input type="checkbox"/> Super Sleuth				3-4
22. <input type="checkbox"/> CSI Challenge			5-9	
23. <input type="checkbox"/> Ready, Steady, Cook			1-4	5-9
24. <input type="checkbox"/> Junior Entrepreneur			5-9	3-5
25. <input type="checkbox"/> CITYscapes	3-9			
26. <input type="checkbox"/> Urban Design		3-9		
27. <input type="checkbox"/> Cirque de Sculpture			2-4	5-9
28. <input type="checkbox"/> Jammin' Drums				2-6
29. <input type="checkbox"/> Recording in Session			5-9	
30. <input type="checkbox"/> Legal Eagles		3-5		
31. <input type="checkbox"/> Mini Cooper Auto Club	3-5			
32. <input type="checkbox"/> Come Fly With Me	5-9	3-4	5-9	3-4
33. <input type="checkbox"/> Robots Alive			4-5	
34. <input type="checkbox"/> Robots Alive 2			6-9	
35. <input type="checkbox"/> The Illusionist 2		4-9		4-9
36. <input type="checkbox"/> Checkmate 2		All Grades		All Grades
37. <input type="checkbox"/> Let's Make a Video		3-5		3-5
38. <input type="checkbox"/> Grand Prix		5-9		5-9
39. <input type="checkbox"/> The Producers	4-9			
40. <input type="checkbox"/> Circuit City	5-9			
41. <input type="checkbox"/> PC Builders Academy		5-9		
42. <input type="checkbox"/> GT Reserves			6-9	
43. <input type="checkbox"/> Game Changer		4-9		
44. <input type="checkbox"/> Google World				5-9
45. <input type="checkbox"/> The Verdict	5-9			
46. <input type="checkbox"/> Lights, Camera, Action	6-9		6-9	
47. <input type="checkbox"/> Counselor in Training	9-10	9-10	9-10	9-10

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Challenge Camp

INDIVIDUALIZED ORDERS for: _____

DOB: _____ Weight: _____

Standard Over the Counter/PRN Medications (The following medications are available in the Infirmary and will be administered at the discretion of a RN, if approval is indicated by the camper's healthcare provider.):

Drug Name	Route (please circle preferred formulation(s))	Dosage	Schedule and Indications	Camper Healthcare Provider Order		Comments
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

Prescription Medications (Please complete with patient's current regimen for both scheduled and pm medications use 2nd page if needed)

Drug	Route	Dosage	Schedule and Indications	Comments

Camper's Health Care Provider Name: _____ Phone # _____

Address: _____ License # _____

Signature: _____ Date: _____

Challenge Camp

INDIVIDUALIZED ORDERS for: Name: _____ DOB: _____

Prescription Medications (Please complete with patient's current regimen for both scheduled and prn medications)

Drug	Route	Dosage	Schedule and Indications	Comments

Additional Orders (as deemed necessary by health care provider to be implemented by a RN; i.e., peak flows, blood draws/lab work; dressing changes, cast care; feeds via GT, etc.)

Camper's Health Care Provider Name: _____ Phone # _____

Address: _____ License # _____

Signature: _____ Date: _____

Carole B. Berman
Director
P.O. Box # 586
Bronxville, New York 10708

Telephone 914-779-6024
Fax 914-793-2685
www.challengecamps.com
carole@challengecamps.com

Dear Parents:

Camp policy will be strictly followed regarding any medication needed to be administered to campers for the duration of Challenge Camp.

Please call our medical staff with any questions that you have.

1. The Parent must make a written request for administration of the medication.
2. The prescribing physician must also make a written request (enclosed) stating the name of the medication, dosage, and time to be taken.
3. The medication must be brought to the Health Office by the PARENT in the original container from the pharmacy which filled the prescription. Policies apply to even the occasional request for aspirin or non-aspirin products.

ALL medication will be kept in the Health Office and dispensed from there.
Thank you for your cooperation.

Brenda Guy, R.N.
Berenice M. Miller, R.N.
Health Directors



TERMS AND CONDITIONS OF ENROLLMENT FOR CHALLENGE

- 1. Rules and Regulations:** The Camper ("Camper") and Parent(s) ("Parent") agree to abide by all of the rules and regulations established by the Gifted and Talented Development Center, Inc. dba Challenge Camp ("Camp"), including, without limitations, those relating to enrollment and withdrawal of campers.
- 2. Dismissal of Camper:** The camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the Camp or his fellow campers or who violated camp rules and regulations, in which case no refunds will be made.
- 3. Medical Care: A Challenge Camp Medical Form must be completed and submitted to us by May 1, 2012.** In the event of an emergency, Parent grants Camp permission to utilize medical treatment on or off Camp grounds should Director deem such treatment necessary for Camper's health. **No child will be permitted to start camp without the completed medical form in the camp office.**
- 4. Permission** is given for my child to participate in all camp-related activities.
- 5. Images, Etc.:** Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp their photographs, video and audio images or likenesses and statements, articles, names, music, art, photographs, audio recordings, internet, CD/DVD, films and videos created by Camper and originating from Camp or from a Camp-related activity.
- 6. Belongings:** Camp is not responsible to Camper's belongings or equipment while in transit or at Camp. It is highly recommended that campers DO NOT BRING valuable items such as jewelry, cameras, Gameboys and Ipods to camp. Cell phones, Ipods and video games ARE NOT PERMITTED at camp.
- 7. Disputes:** All claims or disputes arising from or related to this Agreement shall be brought and maintained in the courts of the State of New York, and Parent expressly submits to the jurisdiction of such courts. Any individual bringing legal action against Camp, which action is decided in favor of Camp will be responsible for all legal fees, court costs and out-of-pocket expenses of Camp, its owners and employees.
- 8. Personal Property Regulations:** The Camp prohibits the possession or use of alcohol, drugs, animals or weapons on Camp grounds. Sports equipment labeled with campers name will be stored in designated bins located in the gymnasium.

BUSINESS POLICIES

- 1. Tuition and Refunds:** It is understood that no part of the tuition fee or deposit will be refunded after April 1, 2012. In the event a child withdraws prior to April 1, any refund will be subject to an administrative charge of \$100.00 per child. There is no refund for any money paid after April 1, 2012.
- 2. Collection Costs:** If fees are not paid in full by Parent or Camper, Parent will be liable for all costs of collection including attorney's fees.

Camper Name _____

Parent or Guardian's Signature _____

Date _____

The parent or guardian who signs this enrollment form represents that he/she has full authority to do so and verifies that he/she has read and understands all the terms and conditions of the enrollment as outlined on this agreement. The signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child and to execute the agreement on his or her behalf.