

Is Siwa Youth Camp
July 28 thru July 31 2016
Burney Falls California

Camp contact- Danita Quinn 916-813-6827 email- adingal 5@yahoo.com



Volunteer Application

Volunteer Name _____ DOB _____ Age _____ Male _____ Female _____
Address _____
City/State/Zip _____

Emergency Contact

Name _____ Phone No.: _____
Address _____ Work Phone # _____
Cell Phone # _____

I WOULD LIKE TO VOLUNTEER BY:

Personal Information

Special Food Needs

Please List Special Medications

Allergies

CONSENT AND RELEASE FORM

>I, the undersigned voluntarily agree to participate in Is Siwa Camp, located at Burney Falls July 28, 29, 30, and 31 2016.

>I agree and understand that I hold Is Sawa camp and volunteers from all or any liability, costs or damages to any property caused by or arising from my participation.

>Is Siwa is therefore absolved and released from any responsibility and /or liability for me while engaged in any of the activities within the scope of camp.

NAME (PLEASE PRINT) DATE SIGNATURE

THIS IS A DRUG AND ALCOHOL FREE EVENT



SAVE THE DATE
IS'SIWA YOUTH CAMP

JULY 28,29,30,31 2016
HEADWATERS CAMPGROUND
BURNEY FALLS, CA

VOLUNTEERS NEEDED FOR:
COOKING, SETTING UP, TALKING,
TEACHING, STORY-TELLING, OR ANTHING YOU CAN

OPEN TO ALL AGES 6-16 YEARS OLD
Under 6 years old **MUST** be with an Adult
16 years old to volunteer

FREE CAMP FREE TO VOLUNTEER

Girl Tents and Boy Tents are available

For More Information Contact:

Danita Quinn: 916-813-6827 Email : ADINGAL_5@GMAIL.COM



MEDICATION AUTHORIZATION FORM

Name of Child _____ DOB _____

Name of medication/
strength _____

Dosage _____ How Often _____

Time to be given _____ Dose form _____
(tablet/liquid)

Reason for medication _____

Possible side effects _____

Length of time medication will be necessary _____
(Authorization expires in 12 months)

Comments _____

The pupil for whom this medication is prescribed is under my care.

TO BE COMPLETED BY PARENT

I request that my child , _____ be assisted in taking the above pre-
scribed medication by authorized persons. I agree to and do hereby hold Is Siwa and its volunteers

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Ages 6 thru 16- Children under 6 must be accompanied by a responsible adult

Childs Name _____ DOB _____ Age ____ Male _Female _
Address _____
City/State/Zip _____

Emergency Parent or Guardian Contact

Name _____ Phone No.: _____
Address _____ Work Phone # _____
Cell Phone # _____

Alternate Emergency Contact:

Name _____ Phone No.: _____
Address _____ Work Phone # _____
Relationship _____ Cell Phone # _____

Personal Information

Special Food Needs

Please List Special Medications

Allergies

CONSENT AND RELEASE FORM

>I, the undersigned parent/guardian of the child whose name appears above give my permission for him/her to participate in Is Siwa Camp, located at Burney Falls July 28, 29, 30, and 31 2016.

>I agree and understand that I hold Is Sawa camp and volunteers from all or any liability, costs or damages to any property caused by or arising from my child's participation.

>Is Siwa is therefore absolved and released from any responsibility and /or liability for my child while engaged in any of the activities within the scope of camp.

> I understand my child will be on their best behavior, I also understand that I will be required to pick up my child if he/she does not abide by camp rules.

T U R E P A R E N T N A M E (P L E A S E P R I N T) D A T E P A R E N T S I G N A -

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