



# Application 2019

Please feel free to make copies of application as needed.

**Camp Shriver at Stonehill College  
Education Department  
320 Washington Street  
Easton, MA 02357-3272**

We are pleased that you are interested in being a part of Camp Shriver for Summer 2019. This application contains the information and paperwork required to be considered for the lottery process for this summer.

**Please return the completed application and health forms by April 1, 2019  
Mailing Address: Camp Shriver at Stonehill College, Education Department,  
320 Washington Street, Easton, MA 02357-3272**

## **Only complete applications will be admitted to the lottery**

***Please note that sending in an application does not guarantee enrollment, space is limited.***

Use this checklist to ensure a COMPLETE application  
**You will need to complete and submit:**

- Camper Information
- Emergency Contact Information
- Current IEP if child is receiving services
- Family & Emergency Contact Information
- Health Information (If your child has a scheduled doctor's appointment after the due date please inform us. Without this on file, your child will NOT be able to participate in camp activities.)
  - Healthcare Providers Signature. *Either the form or a copy of child's recent school physical*
  - Immunization Forms *Either the form or a copy of child's immunization records*
- Release Forms (3 pages)

### **DO NOT SEND PAYMENT WITH YOUR APPLICATION**

If accepted, a \$25 registration fee will be required to secure placement (please contact us if there are concerns or hardships about this fee). This is the only fee collected for Camp Shriver.

**Questions: Contact Kathy McNamara  
Telephone: 508-565-1553 Fax: 508-565-1454  
Email: [kmcnamara@stonehill.edu](mailto:kmcnamara@stonehill.edu)**

***Applicants will be notified via email on May 1 about acceptance status.***



# Application 2019

## Overview / General Information

### Applications are due: April 1, 2019

Camp Shriver is...

- For Boys and Girls, Ages **8-12** and entering **Grades 3, 4, 5, or 6 in Fall 2019**
- **Inclusive:** 50% of campers are children with a disability; 50% are children without a disability.
- Provides **sports instruction** in soccer, swimming, basketball and more
- Includes **FREE breakfast, lunch**, snacks and camp gear
- Includes **FREE TRANSPORTATION** from designated pick-up/drop-off sites
- **FREE** – the only cost for Camp Shriver is a \$25 registration fee (paid after acceptance)

Camp Shriver will be held...

July 8 - August 2, 2019      Monday - Friday, 8:30 am - 2:00 pm  
Stonehill College campus (320 Washington Street, Easton, MA 02357)

Admission is through a lottery system...

Camp Shriver's mission is to bring children with and without disabilities together, from families of the Brockton and surrounding area to develop motor and social skills, while promoting positive peer relationships among campers.

To accomplish this, Camp Shriver teams are carefully structured with an equal number of children with and without disabilities on each team. This composition is created through the Camp Shriver admission process.

Camp Shriver accepts an equal number of:

- Children from each age group that camp serves (8 to 12-year-olds)
- New and returning campers
- Campers with and without disabilities

Additionally, we look for at least three-quarters of campers to be from low-to-moderate income neighborhoods as defined by the Federal Financial Institutions Examination Council (FFIEC).

**Please note: We ask that campers be able to commit to ALL four (4) weeks of the camp program.**

For campers with siblings: Camp Shriver will try to accommodate sibling pairs through the lottery system, but cannot guarantee that all siblings will be accepted.

For returning campers: Priority will be given to campers who have only attended one summer with Camp Shriver. Returning campers will not be eligible if they had excessive absences or have not complied with the code of conduct.

For campers with an IEP: Camp Shriver is able to accommodate campers within a range of challenges who will be able to participate in the activity of camp without the assistance of an aid or personal monitor. A camper will need to be able to follow direction and participate in a range of physical activities (swimming, soccer, basketball, etc.). Campers need to be able to follow the Camp Shriver Code of Conduct (see page 12). Camp Shriver's admission committee assesses whether a child's challenges can be accommodated by its facilities and staff structure.

**Only campers with fully completed applications will be entered into the lottery.**

Admission by lottery proceeds after an application has been processed, is complete, and meets these guidelines.



# Camper Information

PLEASE PRINT NEATLY

Camper's Name (first and last)

Address

# and Street      Apt. #      City      State      Zip

Child's Date of Birth:      /      /      Gender :  Male  Female

Age as of July 1, 2019 (circle):    8    9    10    11    12

Name of School:      Name of Teacher:

Grade in Fall 2019 (circle):    3    4    5    6

Language Spoken at Home:      Hair Color:

Eye Color:      Height:      Weight:      lbs.

**Voluntary Disclosure of Ethnicity and Race** – for the purposes of determining ethnic and racial counts for reporting purposes. If you prefer not to identify your child's ethnic and racial group, you may check "Decline to State."

DECLINE TO STATE

<p>Please select one:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p>Please select the race(s) your child identifies with:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White:</p> <p><input type="checkbox"/> Other: _____</p>
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Has your child ever attended Camp Shriver?  NO  YES. If Yes, list Year(s):

Has a family member attended Camp Shriver?  NO  YES. If Yes, list Name(s):

Do you have siblings applying to Camp Shriver?  NO  YES. IF Yes, list Name(s):

Can your child swim?  NO  YES

**Which is the best way to contact you?**

**(Please write clearly!)**

email address \_\_\_\_\_

cell phone # \_\_\_\_\_

home phone # \_\_\_\_\_

**T Shirt Size (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Child Small   | <input type="checkbox"/> Adult Small   |
| <input type="checkbox"/> Child Medium  | <input type="checkbox"/> Adult Medium  |
| <input type="checkbox"/> Child Large   | <input type="checkbox"/> Adult Large   |
| <input type="checkbox"/> Child X-Large | <input type="checkbox"/> Adult X-Large |

Does your child receive special education services (IEP)?  NO  YES **If Yes, please provide a copy of your child's current IEP with your application.**

I give permission for my child's health records, free and reduced lunch eligibility, Individualized Education Plan (IEP), and other pertinent records to be released to Camp Shriver at Stonehill College. I give permission for Stonehill College to contact my child's school and teachers to request this information.

**Signature**                      **Print Name**                      **Date**



# Family and Emergency Contact Information

Camper's Name (first and last)

## 1. PARENT/GUARDIAN NAME

Address:

# and Street Apt. # City State Zip

Email :

Employer:

Cell Phone:

Alternate Phone

Number:

Home Phone:

Alternate Phone Number:

Relationship to Child:

## 2. PARENT/GUARDIAN NAME

Address:

# and Street Apt. # City State Zip

Email:

Employer:

Work Phone:

Cell Phone Number:

Home Phone:

Alternate Phone Number:

Relationship to Child:

### Emergency Contacts/Authorized for Pickup (who will be available 7:30 AM -3:30 PM, Monday through Friday)

I give permission for the following people (over 18 years of age) to pick up my children at the Camp Shriver locations. I realize that my children will not be released to anyone who is not listed below unless the Camp Shriver has been informed with written permission. I also understand that if a staff member does not recognize a parent or someone else on this child's pick up form, the staff person may ask for identification. It will be my responsibility to assure that each of the individuals below will have proper identification if required to present it to the Camp Shriver staff.

Name:

Relationship to child:

(relative, friend, neighbor, etc.)

Cell Phone:

Alternate Phone:

Name:

Relationship to child:

(relative, friend, neighbor, etc.)

Cell Phone:

Alternate Phone:



# Health Information (Page 1 of 3)

(to be completed by parent/guardian)

## Consent to Treat Minor Patient

Camper's Name *(first and last)*

Your child may be attending Camp Shriver at Stonehill College. Camp Shriver's on-site nurse offers first aid to minors who are participating in the program. Massachusetts law requires consent of a parent/legal guardian for medical care of minors, including first aid. Please complete the following consent form to allow the Camp Shriver nurse and Stonehill College to provide first aid to your child.

I,  am the parent/legal guardian of   
(print parent/guardian name here) (print camper's name here)

currently a minor, whose date of birth is  /  / . I authorize the Camp Shriver and Stonehill College to provide first aid to my camper.

I understand that, should my minor participant need more extensive medical care I will be notified by the Camp Shriver nurse and Stonehill College. I also understand that if the injury/illness is determined to be life threatening or require immediate medical attention beyond first aid, that an ambulance will be called to take my child to the hospital and that the provider will make every effort to contact me.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions that I have prior to signing could be answered by calling Camp Shriver at 508-565-1553.

(Parent/Guardian Signature)

(Print Name)

(Date)

### Health Information:

Past medical history includes:

Allergies (to medications or other):

Medications my child is currently taking include:

### Emergency Phone Numbers:

Home

Cell

Work

Other Contact



# Health Information (Page 2 of 3)

(to be completed by parent/guardian)

**Camper's Name (first and last)**

Has your child had, or does your child have, any of the following? (If yes to any of the following, please explain on the back of this sheet.)

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease/heart defect/high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss/hearing aid
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem
<input type="checkbox"/>	<input type="checkbox"/>	Seizures/epilepsy/fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Easy bleeding
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	Emotional / psychiatric /behavioral issues
<input type="checkbox"/>	<input type="checkbox"/>	Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell trait or disease
<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke/exhaustion			
<input type="checkbox"/>	<input type="checkbox"/>	Blindness/visual problem			
<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses/glasses			
<input type="checkbox"/>	<input type="checkbox"/>	Any limitations that restrict running, swimming, participating in group recreational activities?			
<input type="checkbox"/>	<input type="checkbox"/>	Special diet or food allergies:	<input type="text"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Other allergies:	<input type="text"/>		

**Are your child's Immunizations up to date?**    \_\_\_ Yes                    \_\_\_ No

Use this space to provide any additional information on the child's physical health of which the camp should be aware:

Use this space to provide any additional information on the child's behavior or emotional/mental health of which the camp should be aware:

### HEALTH INSURANCE INFORMATION

Please include a copy of your child's health insurance card. If you cannot provide the requested health insurance card; please provide the following insurance information:

Insurance Carrier:       Cardholder's Name:

Policy Number:

This health history is correct so far as I know and the person herein described has permission in all camp activities, except as noted by me above.

**(Parent/Guardian Signature)**

**(Print Name)**

**(Date)**



# Health Information (Page 3 of 3)

(to be completed by parent/guardian)

Camper's Name (*first and last*)

## MEDICATION

Medication will not be dispensed for any reason if this portion is not filled out by a parent or guardian. Medication will be dispensed by a licensed health provider only.

Will your child need to take any medications during camp hours?    \_\_\_ Yes                    \_\_\_ No

Medication:

Medication:

Dosage:

Dosage:

Times:

Times:

## AUTHORIZATION TO ADMINISTER MEDICATION

*TO BE COMPLETED BY PARENT OR GUARDIAN:*

I request that  (participant's name) receive the medication listed above as prescribed

by our licensed healthcare provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Shriver nurse or other licensed healthcare provider will administer the medication.

**(Parent/Guardian Signature)**

**(Print Name)**

**(Date)**





# Healthcare Provider's Signature

(to be completed by physician, nurse practitioner, physician assistant)

Camper's Name (*first and last*)

**You may either**

- *have a healthcare provider (physician, nurse practitioner, physician assistant) sign the forms for below for physical and immunizations, OR*
- *submit a copy of a school physical form signed by a healthcare provide. The physical must have occurred after July 1, 2018.*

**TO BE COMPLETED BY A HEALTHCARE PROVIDER:**

\_\_\_\_\_ is physically able to participate in a four-week general sports camp designed for  
(NAME OF CHILD)

children with and without disabilities and his/her immunizations are up to date.

Comments/Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
<b>Healthcare Provider Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Address:</b> _____		
_____		
<b>Phone number:</b> _____		



# Immunization Records

(to be completed by physician, nurse practitioner, physician assistant)

Camper's Name (first and last)

Date of birth: \_\_\_\_\_

You may either

- have a healthcare provider (physician, nurse practitioner, physician assistant) sign the forms below, OR
- submit a copy of your child's immunization records

## MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

First dose must be after age 12 months; 2 doses required.

MMR #1 \_\_\_/\_\_\_/\_\_\_ MMR #2 \_\_\_/\_\_\_/\_\_\_

## POLIO VACCINE

A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mix of (IVP/OPV) was used, four doses are required.

If YES, please provide dates:

Dates: \_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_  
\_\_\_/\_\_\_/\_\_\_  
/ /

Completed primary series of polio immunizations?  NO  YES

## DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE

Minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster dose of Td is required for all program participants who will be entering grades seven through 10. For participants who will be entering grades 11 and 12, a booster of Td is required if it has been more than 10 years since the last dose of DTaP/DTP/DT/Td. (Tdap is also acceptable.)

Completed primary series of DTaP/DTP/DT?  YES  NO

Dates: \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

Date last Td \_\_\_/\_\_\_/\_\_\_

## HEPATITIS B

Three doses of Hepatitis B vaccine are required if born on or after Jan. 1, 1992.

Dose # 1 \_\_\_/\_\_\_/\_\_\_ Dose #2 \_\_\_/\_\_\_/\_\_\_ Dose #3 \_\_\_/\_\_\_/\_\_\_

## EXCEPTIONS

- RELIGIOUS OBJECTION: The individual must submit a written statement, signed by a parent/guardian if a minor, to the effect that the individual is in good health and stating the reason for such objections.
- MEDICAL: The individual must submit certification by a physician stating that the physical condition of the individual is such that his or her health would be endangered by such immunization.

Healthcare Provider Signature

Printed Name

Date

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_



# Camp Shriver Code of Conduct and Policies

**Conduct:** Read this document carefully with your child. Camp Shriver is committed to providing a safe and welcoming environment for all campers. Campers are expected to act appropriately at all times, from pick-up until drop-off. We expect campers to act maturely, behave responsibly, and respect the rights and dignity of all others.

## 5 Golden Rules

1. Be a good friend
2. Be responsible for yourself
3. Be safe in all you do
4. Be honest
5. Do your best

**To support campers to follow the 5 Golden Rules, the following will be used as needed:**

- *Reminder of appropriate behavior per the 5 golden rules*
- *Time to reflect and de-escalate*
- *Conversation with counselor*
- *Referral to the directors*
- *Family involvement*

Repeated inability to follow the 5 Golden Rules may lead to camper suspension or termination.

**Attendance:** Camp Shriver is a four-week program and we ask that campers apply **only if they will be able to attend the full four weeks.** If your child is going to be absent due to illness or other reason, please contact the camp immediately.

**Policies:** Toys, video games, iPods/MP3 players, CD/DVD players and electronic games are not recommended for camp as the Camp Shriver staff cannot be responsible for lost, damaged or stolen items. Cell phones ARE NOT ALLOWED to be used during camp hours unless in an emergency where immediate communication is necessary and with permission from the camp counselor/director. Cell phones need to be turned off and stored in personal backpacks. Cell phones being used beyond emergency situations may be confiscated and held by a staff member until the end of the camp day.

**Buses:** Buses provide campers transportation to Stonehill College from local area elementary schools. Times and locations of bus stops will be sent to families in June.

**Child Safety:** Parents and authorized pickups should be prepared **daily**, to provide a photo ID upon request. For the safety and security of your child, he/she will remain with the Camp Shriver program until he/she is signed out by a parent/guardian or an authorized pick-up. This includes possible encounters with family and friends during field trips.

**Late Pick-up Policy:** Camp ends at 2:00 pm and buses depart promptly. Please notify the camp director if you anticipate being late picking up your child at Stonehill College or at the designated bus stop. This will ensure the comfort of your child. Staff will remain with campers until they are picked up by a parent, guardian, or authorized individual. **You risk dismissal of your child from the program if you are late picking up your child three times.**



# Release Forms (Page 1 of 3)

Camper's Name (*first and last*)

**PLEASE READ THE FOLLOWING RELEASES CAREFULLY AND SIGN.**

**These forms are valid for the duration of Camp Shriver (July 8 – August 2, 2019).**

## GENERAL RELEASE

I, \_\_\_\_\_, (parent/guardian) as parent or legal guardian of \_\_\_\_\_ (participant's name), in consideration of my child being allowed to participate in Camp Shriver, on behalf of my child, myself, my family, my heirs, representatives, assigns, executors or administrators, I hereby release and agree to hold Stonehill College, its trustees, directors, officers, employees, servants, representatives, agent licensees, successors and assigns, harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way from Camp Shriver and my child's participation therein.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## RELEASE TO PARTICIPATE IN CAMP SHRIVER ACTIVITIES

I hereby give my permission for my son/daughter to participate in all the activities of Camp Shriver at Stonehill College, including transportation, from the date of his/her acceptance throughout his/her involvement with the program, and I hereby certify that the statements on this form are true to the best of my knowledge and belief. We further agree to support the administrative rules of Camp Shriver and to cooperate with the staff to our fullest extent.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## LATE PICK UP

Camp Shriver reserves the right to refuse services if my child is picked up late more than three (3) times during the season. I also understand that Camp Shriver may be required to report my child/ren to Department of Children and Families if my child/ren has not been picked from the program by 5:00 pm.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## CAMPER CODE OF CONDUCT

I understand and agree to the Code of Conduct and policies located on page 11 of this application. I have read and discussed this document with my child. I further understand that Camp Shriver has the right to withdraw services if this Code of Conduct or Camp Shriver Policies are not followed.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



## Release Forms (Page 2 of 3)

Camper's Name (*first and last*)

### **MEDIA RELEASE**

Beginning as of the date of execution of this release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of my child, individually or with others, by or on behalf of Stonehill College in connection with this youth program, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Stonehill College and that such rights are freely assignable by Stonehill College. I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings, and website postings may be used, reproduced or otherwise disseminated or published by or on behalf of Stonehill College directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Stonehill College desires. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Stonehill College, its trustees, directors, officers, employees, servants, representatives, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

### **SUNSCREEN, CELL PHONES AND FOOTWEAR**

#### Sunscreen required for Campers

Camp Shriver requires written permission for our staff to distribute topical sunscreen or lotions to a child.

#### Cell Phones

I understand that cell phones ARE NOT ALLOWED to be used during camp hours (including the bus ride) unless in an emergency where immediate communication is necessary and with permission from the camp counselor/director. Cell phones need to be turned off and stored in personal backpacks. Cell phones used beyond emergency situations may be confiscated and held by a staff member until the end of the camp day. Camp Shriver is not responsible for cell phones or other devices brought to camp.

#### Footwear

I understand that sneakers or closed toe sandals are required for camp. I further understand that flip flops will be worn only at the pool.

I have read and understood the policies regarding sunscreen, cell phones and footwear. I give permission for the staff Camp Shriver to distribute sunscreen as needed to help protect my child from the sun.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



## Release Forms (Page 3 of 3) Stonehill College Policies and Guidelines

Camper's Name (*first and last*)

**PERMISSION TO PARTICIPATE** When you signed your child's medical form, you gave permission for your child to participate in all program activities. If you wish for your child to be restricted from any activity, please notify us in writing prior to your child's program session. Please note that it is not our policy to force any child to participate in an activity. We do our best to make the activity enjoyable so your child will wish to participate.

**MEDICAL CONCERNS** All participants are required to have a completed application packet including Stonehill College's health history, immunizations, consent to treat minor patient, and authorization to administer medication forms on file before the program begins. Please be sure that you complete these forms and that your child's healthcare provider has signed that a physical examination has been conducted within the last 24 months. Please provide us with as much information as possible concerning your child's medical history, allergies, medications, and any special needs. All medical forms must include an up-to-date immunization record and must be signed by a healthcare provider.

**MEDICATION** Every effort should be made to administer routine medications at home in order to prevent disruption in your child's daily program activities. However, if your healthcare provider believes that it is in the best medical interest of your child to administer them during the program's hours, please submit the completed Authorization to Administer Medication form. A separate form must be completed for each medication. State law does not permit administration of medication during the program hours without written authority by the prescribing healthcare provider. Youth program participants are at no time allowed to carry any kind of medication, be administered medication without official written directive from the prescribing healthcare provider, or take medication without direct youth program supervision.

**SAFETY PROCEDURES** Our first concern is for your child's safety; therefore, we reserve the right to take the following actions in very hot weather: reduce physical activities, substitute outdoor activities for sedentary activities, and provide activities unrelated to your child's specialty (e.g., movies).

**MEDICAL NOTIFICATION** It is our policy to notify you if your child becomes ill during the youth program or suffers an injury other than minor bumps, bruises or scrapes.

**VALUABLES** We recommend that program participants not bring large sums of money or other valuables to Stonehill College. The College is not responsible for lost or stolen personal items.

**SUNSCREEN** The use of sunscreen is highly recommended by Camp Shriver. It is best to apply sunscreen to your child before he or she leaves home in the morning. You may wish to send additional sunscreen to be applied later in the day.

**INAPPROPRIATE BEHAVIOR** Stonehill College reserves the right to dismiss any participant who acts in an inappropriate or detrimental manner including bullying, harassing, intimidating, or threatening to other individuals.

**PERMISSION AND CERTIFICATION** I, the undersigned, hereby give my permission for my son/daughter to participate in all the activities of Camp Shriver at Stonehill College from the date of his/her acceptance throughout his/her involvement with the program. We (participant and I) agree to support the administrative rules of Camp Shriver, the above referenced Stonehill College policies and guidelines, and to cooperate with the staff to our fullest extent. Further, by signing below, I attest to the fact that all of the information provided by me or any other person on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)