CAMP VENTURE AUTHORIZATION FORM

CAMPER'S STATEMENT: **Name _____(print)**

I hereby accept the "Campership" from my sponsoring Rotary Club and agree to attend "Camp Venture" being held at California Maritime Academy in Vallejo, California, June 25 through June 29, 2008. I agree to attend the entire camp and acknowledge that I will not be permitted to leave the camp early nor arrive late. I agree to obey the camp rules (Please refer to the "Camp Venture Rules" enclosed.). I agree not to bring nor use any alcohol, drugs or unauthorized medications during camp.

Date: _____ Camper's Signature: _____

PARENT'S AUTHORIZATION

I/we hereby give my/our consent for my/our son/daughter to attend "Camp Venture" from , June 25 through June 29, 2008. I/we further acknowledge that if my/our son/daughter is found to be in possession of liquor, drugs, or unidentified medications or violates the camp rules, that he/she will be sent home at once at my/our expense.

We understand and acknowledge that neither Rotary nor "Camp Venture" has any responsibility to provide medical services and that we, as his/her parents, are fully responsible for all medical costs incurred for our child's benefit.

I/we hereby give consent to the Rotary "Camp Venture" Executive Director or his assigns, to hospitalize, order and secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my/our child herein above named.

Date: _____ Father's signature: _____
Mother's signature: _____

Please provide us with family health insurance information below. (Insurance is not required).

Insurance Company _____ Insured _____
Employer _____ Policy # _____
Effective date _____