



**CAMP VENTURE
AUTHORIZATION FORM**

CAMPER’S STATEMENT: Name _____ (print please)

I hereby accept the “Campership” from my sponsoring Rotary Club and agree to attend “Camp Venture” being held at St. Mary’s College in Moraga, California, June 26-June 30, 2019. I understand I must attend the entire camp and acknowledge that **I will not be permitted to leave the camp early nor arrive late. Initial _____** 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” June 26-June 30, 2019. 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.

I/we also acknowledge that should my/our son/daughter decide **they are not able to attend camp that I/we will reimburse the sponsoring Rotary Club for the tuition paid (\$800).**Initial _____

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: _____
Father’s Name (Print) _____
Mother’s signature: _____
Mother’s Name (Print) _____

Please provide us with family health insurance information below. (Attach Copy of Insurance Card) (Please print legibly)

Insurance Company _____ Insured _____

Employer _____ Policy # _____

Effective date _____