



## 2010 Summer Camp Registration

Office use only:  
 Date Rcvd: \_\_\_\_\_ mail \_\_\_\_\_ fax \_\_\_\_\_  
 courier SC \_\_\_\_\_

<b>Camper Information</b>							
Family Name		First Name		Nick-Name (if any)			
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	Y    M    D	Height	CM	Wt.	kg
School	Grade completed						
Swim ability	<input type="checkbox"/> Y <input type="checkbox"/> N	Has been to Camp Taiwan Summer Camp before?		<input type="checkbox"/> Y year(s) attended _____ <input type="checkbox"/> N			

<b>Parent / Guardian Information</b>			
Name		Relationship	
Address			
Phone Number			Daytime Phone
Email			
Emergency Contact		Relationship	Phone #

I would like my child to live with \_\_\_\_\_ (only 1 other and request must be mutual)

How did you learn about Camp Taiwan (circle one)  
 Print Ad in \_\_\_\_\_, on TV, Facebook, Yahoo, Google, MSN, other \_\_\_\_\_

<b>Session Dates</b>		
<input type="checkbox"/> Session 1(07/05~07/10) SOLD OUT	<input type="checkbox"/> Session 2 (07/12~07/17) SOLD OUT	<input type="checkbox"/> Session 3 (07/19~07/24) Theme: Avatar
<input type="checkbox"/> Session 4 (07/26~08/06) Teen Leadership Camp ages 14-18 yrs	<input type="checkbox"/> Session 5 (08/09~08/14) SOLD OUT	<input type="checkbox"/> Session 6A (8/16-18) Mini Camp Avatar
<input type="checkbox"/> Session 6B (8/19-21) SOLD OUT	<input type="checkbox"/> Session 7(08/23~08/28) Theme: Avatar	

<b>Camp Fee and Remittance</b>
<input type="checkbox"/> Regular Session Fee Monday- Saturday NT\$ <u>16,800</u> <input type="checkbox"/> Session 4 Teen Leader Camp NT \$ <u>33,600</u> <input type="checkbox"/> Session 6A 、6B Mini Camp NT\$ <u>8,400</u> <i>**If you would like to pay in cash, please contact (02) 7720-7721 to arrange payment.</i>

<b>Camp Taiwan ATM Wire Transfer Information</b>
ATM bank transfer: Our bank code (Mega Bank) is 017; The account # is 067-09-01638-6 Then please send a fax of the transaction record to Susan including your name, your child's Name and their session. Fax it to (02)7720-7725 attn: Susan

**Conditions of Enrollment** (please read Conditions of Enrollment before signing)

**I have read, understand and agree to all sections of the conditions of enrollment .**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



# Camp Taiwan Health History Form

Health history form for Children, youths and Adults Attending Camp Taiwan.  
Parents or staff should fill out this form. This form must accompany final payment.

## Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to be used by counselors, on address lists, etc. (if different than from above): \_\_\_\_\_

Gender:  male  female date of birth (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade completed by summer \_\_\_\_

School of grade completed \_\_\_\_\_ Age at camp time \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

## Custodial Parent / Guardian

Parent(s) / Legal Guardian(s) full (first and last) Name(s): \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Fax ( ) \_\_\_\_\_ Home Email \_\_\_\_\_

Other authorized Parent/ Guardian (if not living with child) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Healthcare coverage by \_\_\_\_\_ Policy # \_\_\_\_\_

## Insurance Information

Does the participant have additional insurance coverage?  Yes  No

If so, indicate carrier plan or name \_\_\_\_\_ Group \_\_\_\_\_

Carrier address \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

ID # of policy holder or insurance ID # \_\_\_\_\_

## Important – These boxes must be complete for attendance

Parent/ guardian/ staff authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engaging in all camp activities except as noted. I hereby give permission to the camp to provide routine health care administer prescribed medications and seek emergency treatments including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation to me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions on my participation in camp activities.

Signature of minor or adult camper / staff \_\_\_\_\_

Allergies – list all known then describe reaction and management of reaction

Medication allergies:

\_\_\_\_\_

Food Allergies:

\_\_\_\_\_

Other allergies:

Included bites, stings, hay fever, animals etc.

\_\_\_\_\_

\_\_\_\_\_



## Medications being taken

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire duration at camp. All medication must arrive in the original package/bottle that identifies the prescribing physician (if a prescription drug) the name of the medication, the dosage, the frequency of administration and its purpose.

Medication Name	Dosage	For treatment of:	Special Instructions

Restrictions: *The following restrictions apply to this individual*

Does not eat:  Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs

Other \_\_\_\_\_

Explain any restrictions to activities:

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Has/does participant:	Yes	No		Yes	No
1. Had any recent injury or illness			16. Ever had back problems		
2. Have an Infections disease			17. Ever had joint problems (knee ankle etc)		
3. Have a chronic or recurring illness/condition			18. Have an orthodontic appliance being brought to camp		
4. Ever been hospitalized			19. Have a skin condition or rash		
5. Ever had surgery?			20. Have diabetes		
6. Have frequent headaches			21. Have asthma		
7. Ever had a head injury			22. Had mononucleosis in past 12 months		
8. Ever been knocked unconscious			23. Have problems with bowels or urinary tract		
9. Wear glasses or contacts			24. Ever sleepwalked		
10. Ever had ear infection			25. Have a history of bed wetting		
11. Ever been dizzy or fainted during exercise			26. Ever had an eating disorder		
12. Ever had seizures			27. (Females) have history of painful menstruation		
13. Ever had chest pain during or after exercise			28. Ever had emotional difficulties for which professional help was sought		
14. Ever had high blood pressure			29. Have learning disability		
15. Ever been diagnosed with heart murmur			30. Been diagnosed ADD or ADHD		

Please explain any yes answers here:

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Staple copy of participant's immunization record here

Place appropriate checkmark indicating whether or not the participant has had:

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
German measles	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>

TB Mantoux test: Date of last test \_\_\_\_\_

Positive Negative

Please make note of any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

Name of Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Camp Use Only:	
Date Received:	By:
Follow Up:	



# Camper Transportation Form Parent Day Information Form and Camp Store

Parents, Please fill out this form and return it by mail or fax at least 2 weeks prior to your child's session start date.

Camper's Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Session # : 1 ; 2 ; 3 ; 4 ; 5 ; 6a ; 6b ; 7 ;

**Please be at the following location by 7:30 am. Please check one of the following:**

My child will take the Camp Bus from:

- Sun Yat Sen Memorial Hall
- National Palace Museum
- Taipei Main Station
- My child will arrive by Plane and needs airport pick up.

The last day of each session is Parent Day. We invite you to join us from 10am until 1:30 pm for activity demonstrations, tour the camp and to join us for a family luncheon. If your child is returning by bus, the departure time from Camp is 2:00pm with an arrival time in Taipei between 3:00-3:30pm.

Please check the following :

- I will pick my child up at Camp \_\_\_\_\_ number of family members will come for lunch (2 family members no cost – each additional guest is NT\$100 to be paid in cash upon arriving at camp.)
- My child will take the camp bus back to Taipei and will be picked up from: (\$300 will be added to your fee... see below)
- Sun Yat Sen Memorial Hall
- National Palace Museum
- Taipei Main Station

If your child is flying to / from Taiwan or to Taipei and needs to be picked up or dropped off at an airport, please fill in the information below.\*

Arrival Flight # \_\_\_\_\_ From: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Flight # \_\_\_\_\_ To: \_\_\_\_\_ Departure Time: \_\_\_\_\_

\*A copy of your child's ticket must be faxed to the camp Taiwan office +886-2-7720-7725 at least one-week prior to the session start date.

Children flying internationally must be booked as unaccompanied minors and this information must be arranged between the parents and the airlines.

### Camp Store

If you would like to purchase a Camp Taiwan water bottle or Camp Taiwan hat, these items must be pre ordered. Fill out the form below and your child will receive these items when they arrive at camp. If your child will be taking the bus back to Taipei on Saturday there is an additional cost.

Please fill out this form by checking the boxes as necessary, and add this cost to your camp fee and fax it back with your registration form.

<input type="checkbox"/> \$300 Bus back to Taipei	<input type="checkbox"/> \$500 BPA-Free Eco-friendly metal water bottle	<input type="checkbox"/> \$150 Hat Blue	Total: _____
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# Camp Taiwan Summer Camp Packing List

Parents, please note that the items and quantities listed below are MANDATORY. The weather at Camp can be unpredictable which means we need clothing for every possible condition.

A few tips: \*packing each day's clothes in a zip lock bag is a great way to keep your child organized and clothes clean/ dry. \* Jeans get very heavy when they get wet, so we recommend lightweight slacks or pants instead. \* Crocks and sport sandals ARE NOT allowed on climbing equipment, so do please send running shoes! Please do pack plastic bags for taking wet clothes home!!! Finally, A book, magazine and or cards are great for early mornings!

We believe there is no bad weather, just bad clothing, so consider this when you are packing. For pretty accurate weather updates check the following website: <http://www.cwb.gov.tw/> (English available) click on Keelung for camp weather forecasts.

Please see that some items are marked the # per stay or per day.

Please note that Camp Taiwan provides: sleeping bags, sheets, pillows, pillowcases, towels, soap and shampoo.

Clothing		
	Item/day	
t-shirts	1	
Or ...Long sleeve shirt	1	
Shorts or...	1	
long pants ( - not jeans!))	1	
Underwear	1	
Socks	2	
	Item/stay	
2 extra change of clothes		
1 Pajamas		
1 Bathing Suit		
1 Sunhat/ warm hat		
1 Fleece or sweatshirt		
2 Running shoes/sneakers with firm sole & support appropriate for hiking.		
1 water shoes (can be old running shoes)		
1 Raincoat (must be waterproof NOT DISPOSABLE)		
Rain pants(not mandatory)		

Toiletry and Safety		
1 Face cloth		
1 Toothbrush		
1 Toothpaste		
1 Brush or comb		
1 Toiletry bag		
1 Sunscreen		
Mosquito repellent		
1 Water-bottle with strap/clip		
1 Flash light or headlight		
Miscellaneous		
1 Pen/Pencil		
1 UV Sunglasses		
Camera & Film		
Plastic bags for packing wet/ dirty clothes		
Book for reading in early morning		
Extra batteries		
Writing paper, envelopes and stamp		
Girls should bring feminine hygiene products.		

The following list of items are NOT allowed at camp and will be confiscated if found.

✗ cell phones ✗ radios/ MP3/ disk players/computers or any other electronic game or device

*Camp is a place to enjoy the sights and sounds of nature. There will be enough activities without needing electronic stimulation.*

✗ aerosol cans ✗ firecrackers/lighters/matches or anything flammable ✗ pocket-knives, scissors or any other potentially harmful object

*The safety and wellbeing of all our campers comes first.*

✗ food (or drinks) ✗ candy ✗ Chewing gum

*We will arrange for alternative meals for children with religious or medical food needs. There are enough meals and snacks for campers without needing "extras". Also, having food in tents attracts unwanted attention from animals.*

✗ spray paint ✗ markers ✗ glue ✗ cigarettes ✗ alcohol

*Children caught vandalizing camp property will be sent home immediately and the replacement cost of the vandalized property will be charged to the child's parent or guardian.*