

Soul Shoppe Character Camp 2007  
Registration Form

Camper Name \_\_\_\_\_  Boy  Girl

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email \_\_\_\_\_ Camper's Email \_\_\_\_\_

Grade in Sept '07 \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Youth t-shirt size (circle one)    small    medium    large    xlarge

Cabin Mates may be requested. We will make every effort to honor the requests, but make no guarantees.

Requests:                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
    First cabin mate                      Second cabin mate                      Third cabin mate

**Please briefly answer the following questions-**

Why do you want your son/daughter to attend this program? \_\_\_\_\_

\_\_\_\_\_

Why does your son/daughter want to attend this program? \_\_\_\_\_

\_\_\_\_\_

What is ONE specific thing you would like your student to learn from this program (academically or personally)? \_\_\_\_\_

\_\_\_\_\_

Please list your student's three greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please list your student's three main challenges/struggles:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Is there anything we should know about your student that would help us work with them better, or may be an issue during the program?

\_\_\_\_\_

**How did you hear about Soul Shoppe Character Camp? (circle one)**

Flyer from school    Teacher    School administration    Other parent    Soul Shoppe website

Other \_\_\_\_\_

**Picking your student up from camp-**

If you are not picking up your student from camp on Friday, June 22, 2007, who is the adult whom you authorize to pick up your student?

Name of adult \_\_\_\_\_ Relationship \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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**Payment Information-**

Camper's Name \_\_\_\_\_

The cost for Character Camp is on a sliding scale between \$750- \$950.

The sliding scale allows for camp scholarships to be made available.

Your Cost for Camp: \_\_\_\_\_

Check enclosed (payable to Soul Shoppe)

Deposit of     \$\_\_\_\_\_ (\$75 per camper) non-refundable.

Full payment of \$\_\_\_\_\_ enclosed.

Credit Card (circle one)     **Visa**     **Mastercard**

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Month \_\_\_\_\_ Exp Year \_\_\_\_\_     3-digit number on back of card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Total amount enclosed or to be charged:   \$
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**Mail all 3 Registration forms with payment to:  
Soul Shoppe, 470 Athens Street, San Francisco, CA 94112**

Soul Shoppe Character Camp 2007  
**Medical Information**

Camper Name \_\_\_\_\_

**Emergency Contacts:**

Parent/Guardian \_\_\_\_\_ Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( \_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_\_\_

Camper Medical Problems/Activity Restrictions: no yes (explain) \_\_\_\_\_

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Drug/Food Allergies: no / yes (explain) \_\_\_\_\_

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Allergic Reactions: no / yes (explain) \_\_\_\_\_

Regular Medications: no / yes (explain purpose, dosage and frequency) \_\_\_\_\_

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**PLEASE NOTE: The Camp Nurse MUST administer ALL prescription and non-prescription drugs during the camp program.** Can we give your camper Tylenol, Benadryl, Sudafed, Robitussin PM, Ibuprophen, Cough Drops, Pepto Bismol?      YES      NO

Special Dietary Needs: no / yes (explain) \_\_\_\_\_

Date of most recent tetanus shot \_\_\_\_\_ (booster recommended every 10 years)

Medical Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ ID/Policy # \_\_\_\_\_

**Parent/Guardian Authorization**

This health history is correct and complete as far as I know. The child herein described has permission to participate 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 medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. 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.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Soul Shoppe Character Camp 2007  
Release and Hold Harmless Agreement

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

*Agree to Hold Harmless*

In consideration of the minor child named above being permitted to participate in the Soul Shoppe Character Camp conducted from June 18-22, 2007 in La Honda, California, I hereby agree to release, defend, indemnify and hold harmless, Soul Shoppe, Inc., its owners and employees, agents, and any and all independent contractors engaged by it (jointly and severally, the "indemnified parties"), from any and all causes of action, liability (injuries, related injuries, or death of participant), costs, expenses, including attorney's fees, in any matter arising out of or in connection with said minor's participation in the Soul Shoppe Character Camp.

If you agree to this paragraph, please initial here \_\_\_\_\_

*Consent for Promotional Material*

I further understand that Soul Shoppe, Inc. intends to cause photographs and/or videos to be taken during the Character Camp program and that some or all of the participants in the Character Camp program will have their photograph and/or video taken, including the minor child named above; and that members of the Character Camp Program Staff or other authorized persons may conduct interviews or hold conversations with participants. I expressly agree that such photographs and/or videos, interviews or conversations may be taken, conducted or held and that the photographs and/or videos, and full or partial quotations from the interviews and conversations may be used in promotional material by Soul Shoppe, Inc., both during and after the Character Camp program, and may be posted on a website or used in promotional material. I acknowledge that the participants in the Character Camp program do not have a reasonable expectation of privacy in connection with their activities during the program, and intend for and agree that this Agreement shall apply to the photographs and/or videos taken, interviews conducted and conversations held during the program, the promotional material produced by or for or on behalf of Soul Shoppe, Inc. utilizing such photographs and/or videos, and quotations from such interviews and conversations and the website wherein the photographs and quotations are displayed.

If you agree to this paragraph, please initial here \_\_\_\_\_

**Release and Hold Harmless Agreement  
(continued)**

*Sending Campers Home*

I further understand that in case of injury, serious illness, or extreme cases of disciplinary action, if they determine it to be necessary, the Director or the members of the Character Camp Program Staff will, and they are hereby authorized to, send said minor home by the first available transportation, at my sole expense.

If you agree to this paragraph, please initial here \_\_\_\_\_

*Camper Is Physically Able*

I certify that I have legal custody of said minor by reason of the fact that I am the parent having custody of the minor or his or her legal guardian by court order. I represent that said minor is physically able to participate in the activity set forth herein. The said minor has my permission to participate fully in a physically rigorous program.

I further agree in case of injury or illness or other actions requiring parental permission, the Character Camp Program Staff shall have authority to act for the undersigned in granting such permission, in case we cannot reasonably and timely be reached.

If you agree to this paragraph, please initial here \_\_\_\_\_

The undersigned has read and voluntarily signs this liability release and holds harmless Soul Shoppe, Inc. while my child is participating in Character Camp.

\_\_\_\_\_  
Signature of parent(s) having custody or legal guardian      Date: \_\_\_\_\_, 2007

\_\_\_\_\_  
Signature of parent(s) having custody or legal guardian      Date: \_\_\_\_\_, 2007

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