



# CAMP REACH FOR THE SKY

- Please check ONE -

- \*\* Resident Oncology Camper (ages 8-18) July 4-9, 2011
- \*\*\* Day Camp Camper (ages 4-10) July 18-23, 2011

## Patient Camper FORM A (Physician to complete: pgs 1 - 4)

PLEASE PRINT OR TYPE

I have examined

\_\_\_\_\_  
(Please print patient's name)

\_\_\_\_\_  
(Patient's date of birth)

Male / Female  
(Circle one)

In my opinion, the above patient's condition (circle one) does / does not preclude his/her attendance at camp.

\_\_\_\_\_  
(Signature of treating physician)

**Cancer diagnosis:**

\_\_\_\_\_

**Primary site:**

\_\_\_\_\_

**Date of initial diagnosis: Month/\_\_\_\_\_Day/\_\_\_\_\_Year/\_\_\_\_\_**

**Date(s) and site(s) of recurrence:** \_\_\_\_\_

\_\_\_\_\_

**Current status of disease:** (circle one) remission / active disease

**Therapy status: currently on therapy?** (circle one) yes / no

**Most recent chemotherapy and dates:** \_\_\_\_\_

**Does child have a central access line? If so, please specify:**

\_\_\_\_\_

**Which treatment center is this child being treated at:** \_\_\_\_\_

For the following please circle one answer.

Have blood counts been stable on latest therapy? yes / no

History of bone marrow transplantation: yes / no

Date of transplant: \_\_\_\_\_

History of gvhd: yes / no is patient using neupogen/pocrit: yes / no

Varicella immune? (circle one) yes / no status unknown

Use prosthesis yes / no have ostomy? yes / no

Have unsteady gait? yes / no eating problems yes / no

Other treatment modalities: \_\_\_\_\_

Current site of active gvhd: \_\_\_\_\_

Medical ALLERGIES: (please list drugs and describe reaction):

Medication	Reaction

List medications to be given at camp (include antiemetics) if needed

Drug	Dose	Route	Due dates

**Labs to be drawn at camp (specify labs and dates):**

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**Does patient have any other medical conditions of which we should be aware?**

**Please be specific)**

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**Last blood counts:**

**Date:** \_\_\_\_\_

**Hemoglobin:** \_\_\_\_\_

**Wbc:** \_\_\_\_\_

**Platelet:** \_\_\_\_\_

**Anc:** \_\_\_\_\_

Physician's name: (print or type) \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Physician's Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_

In case of an emergency please provide us with an emergency contact method for  
you or the same for a designee: \_\_\_\_\_

\_\_\_\_\_

Please return ALL forms to:

***American Cancer Society:***  
***C/o Camp Reach for the Sky***  
**2655 Camino del Rio North, Suite 100**  
**San Diego, CA 92108-1633**  
**Fax: 619-296-0928**

Camp-line phone number: 619-682-7427



# CAMP REACH FOR THE SKY

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## Patient Camper FORM B Parents Complete pgs 5-14

PLEASE PRINT OR TYPE

Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent Or Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip

Parents E-Mail address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mother's Cell Phone: ( ) \_\_\_\_\_

Secondary Home Phone: ( ) \_\_\_\_\_ Father's Cell Phone: ( ) \_\_\_\_\_

Additional Numbers: ( ) \_\_\_\_\_

Second Parent, Legal Guardian Or Emergency Contact: \_\_\_\_\_

Relationship To Camper: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Cancer Diagnosis: \_\_\_\_\_

Date Of Diagnosis: Month/\_\_\_\_ Day/\_\_\_\_ Year/\_\_\_\_

Allergies (Food And/Or Environment ie. Bees): \_\_\_\_\_

### Immunization History: (All Immunizations Must Be Up To Date.)

\*\*\*Please Include A Copy Of Your Child's Immunization Card\*\*\*

DPT Series _____	Last Tetanus Booster _____	Hepatitis B _____
Polio _____	Last Polio Booster _____	Varicella (ChickenPox) _____
Last Tb Test _____	MMR (Measles, Mumps, Rubella) _____	HIB _____
MMR Booster _____	Other _____	

Which treatment center is your child being treated at: \_\_\_\_\_

**Parent Recommendations/Restrictions**

1. Diet: \_\_\_\_\_
2. Swimming/Diving: \_\_\_\_\_
3. Activity Level: \_\_\_\_\_
4. Other: \_\_\_\_\_

**Secondary Medical Conditions:** Indicate With A Check (X) Any Of The Following Conditions Exhibited By Your Child. Please Provide Detailed Information About His/Her Limitations. Do Not Hesitate To Use An Additional Sheet To Provide More Information That Would Help Us Better Understand Your Child.

- Visual Impairments: \_\_\_\_\_
- Hearing Impairments: \_\_\_\_\_
- Seizures: \_\_\_\_\_
- Learning Disabilities: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Frequent Ear Infections: \_\_\_\_\_
- Heart Defect/Disease: \_\_\_\_\_
- Bedwetting: \_\_\_\_\_
- Prosthesis: \_\_\_\_\_
- Bleeding/Clotting Disorders: \_\_\_\_\_
- Sleepwalking: \_\_\_\_\_
- Others: \_\_\_\_\_

Special Activities-Of-Daily-Living Needs: Outline Any Assistance Needed By Your Child.

- Dressing: \_\_\_\_\_
- Eating: \_\_\_\_\_
- Bathroom: \_\_\_\_\_
- Walking From Place To Place: \_\_\_\_\_
- Needs Wheelchair Assistance (Describe): \_\_\_\_\_

**For Female Campers:**

Has Child Ever Menstruated? Yes / No

If Not, Has She Been Told About It? Yes / No

Any Special Considerations? \_\_\_\_\_

Personality Issues/Parental Concerns/Campers Fears:

\_\_\_\_\_

Has Camper Ever Been To Camp Before? Yes / No Overnight Camp? Yes / No

How Many Years Has Your Camper Attended Camp: \_\_\_\_\_

T-Shirt Size: (Size Checked Is What Your Camper Will Receive If Available)

Child Medium Large

Adult Small Medium Large X-Large Xx-Large Xxx-Large

**Transportation:** *please check one box*

My child will be riding the bus to and from camp. Camper will be picked up at bus drop off site.

**! IMPORTANT !** If you are planning to pick up your child from the campsite (either early or on departure day) **instead of the bus drop off, please complete the following information:**

I will be picking my child up on \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_  
day of week date time of day

- **Parent or guardian of camper must sign out with the camp director or camp administrator prior to leaving campsite.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail your campers completed packet of forms to:

**American Cancer Society**  
**C/o Camp Reach for the Sky**  
2655 Camino del Rio North, Suite 100  
**San Diego, CA 92108-1633**  
**Fax: 619-296-0928**

American Cancer Society  
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**Patient Camper FORM C**  
**RELEASE OF CAMPER**

NAME OF CAMPER \_\_\_\_\_

I(We) the parent(s) or legal guardian(s) understand and agree that the above named camper is subject to all camp rules and regulations.

Smoking and use or possessions of intoxicants or non-prescription narcotics are strictly forbidden at camp. Any camper using said substances will be sent home immediately.

The above named camper will be released only to those individuals listed below, upon proof of identity (i.e. valid driver's license or government issued picture identification.) This includes parents and/or guardians.

1. \_\_\_\_\_  
Name Address Phone No.

2. \_\_\_\_\_  
Name Address Phone No.

Printed name of: \_\_\_\_\_  
Parent or Legal Guardian

Signature: \_\_\_\_\_  
Parent or Legal Guardian



# Patient Camper FORM D Publicity Permission Release & Consent Form

I, \_\_\_\_\_, on behalf of myself and minor child, hereby authorize the American Cancer Society, California Division, Inc., its employees, agents, successors in interest, assigns, licensors, contractors, and/or affiliates (hereinafter collectively referred to as "ACS") to use, in whole or in part, any and all information supplied by me in producing or causing to be produced a work or works ("The Works") containing scenes, shots, events, or interviews, in which the undersigned, or the undersigned's minor child, may perform, participate, be portrayed, or appear recognizably. Such authorization shall include, without limitation, the use of any picture(s), voice(s), signature(s) photograph(s), life story and/or medical information (hereinafter collectively referred to as "the Information").

The Works may be used with or without using my name or by using my initials; or with or without using the name of the minor child or his/her initials. I understand that the publication or other use of the Information is not subject to my inspection or approval. The Information may be used in various forms of media, including print, video, or audio.

I, on behalf of minor child, and myself agree that I/we will not be compensated for the use of the Information. Any picture or photograph supplied to and/or taken by ACS shall be and remain the property of ACS.

**RELEASE OF LIABILITY:** I, on behalf of myself and the minor child listed below, (hereinafter collectively referred to as "Releasers") hereby release, discharge, and hold harmless ACS against any claims, damages, causes of action, losses, expenses and/or costs, (including attorneys fees) and any other liabilities arising out of or related to ACS' use, distribution, reproduction, and public display of: (a) the Works; (b) creation of and use, distribution, reproduction, and public display of derivative works; and (c) any Information. Releasers further release, discharge, and hold harmless ACS against any claims, damages, causes of action, losses, expenses and/or costs (including attorneys fees) and any other liabilities arising out of or related to ACS' failure to use, distribute, reproduce, publicly display, or create any Works, derivative works, or Information.

Releasers represent that all information submitted by them is true and accurate. Releasers also state that they have the authority to use and submit all of the materials and information that they have given or will give to ACS. Releasers represent that at least one of them is at least eighteen years of age. A minor Releasers represents that s/he understands that if s/he is less than eighteen years of age that his/her parent or guardian must sign this release and waiver of liability. Releasers represent that neither of them have given any person or entity, other than ACS, the exclusive right to use any of the Information.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Legal Signature \_\_\_\_\_

### Parent or Guardian Consent

I, \_\_\_\_\_ (signature) the undersigned, being the parent and/or guardian of the above named minor), do hereby consent to the above authorization and general release.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_.



## **Patient Camper FORM E RELEASE AND WAIVER OF LIABILITY**

IN CONSIDERATION OF \_\_\_\_\_

[Name of minor]

(Hereinafter collectively "minor child") being permitted to attend Camp Reach for the Sky and participate in all camp events and activities, including but not limited: to: swimming, hiking, wall climbing, challenge courses, arts & crafts, field activities and campfires: (hereinafter collectively referred to as "Camp"), the undersigned hereby releases, waives, discharges and covenants not to sue the American Cancer Society, California Division, Inc., or any of its affiliates, members of its Board of Directors, employees, agents, contractors, or volunteers, and all other camp personnel whether volunteers or paid staff, (hereinafter referred to as "Releasees") for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorneys fees and expenses) to the undersigned or to the minor child, on account of physical, mental, or emotional injury, or death of the person of the minor child or to the property of the minor child, *whether such injury or death be caused by the negligence, gross negligence of the Releasees or otherwise, while the minor child participates in Camp or during the time the minor child is being transported to or from Camp, if such transportation is by or under the control of Releasees.*

*Notwithstanding any other provision of this Release and Waiver, the undersigned also releases the American Cancer Society, California Div., Inc. (hereafter "ACS"), but no other Releasee, from any liability whatsoever arising from any injury, damage, or death to the minor child where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of an ACS employee, agent, volunteer, camp counselor, or any other camp personnel.*

The undersigned hereby assumes full responsibility for and risk of bodily injury to or death of the minor child due to the negligence or gross negligence of Releasees and also releases ACS, but no other Releasee, from any and all liability for the intentional or criminal acts of its volunteers, agents, and/or employees while the minor child participates in or travels to and from the Event.

The undersigned further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by a written document signed by the undersigned and a duly authorized representative of American Cancer Society, California Division, Inc.

Signature: \_\_\_\_\_  
(Parent or Legal Guardian)

Date: \_\_\_\_\_



**Patient Camper FORM F**  
**AUTHORIZATION FOR THIRD-PARTY TO CONSENT TO**  
**TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of \_\_\_\_\_, a minor, do hereby authorize Camp Reach for the Sky medical staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician an surgeon licensed under the provisions of the Medical Practice Act on the medical staff of Camp Reach for the Sky (hereinafter "Camp"), or any hospital, whether such diagnosis or treatment is rendered at the office of said physician, said hospital, or at the campsite of the Camp.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which in his/her best judgment is deemed advisable.

This authorization is given pursuant to the provisions of Section 6901-6903 and 6910 of the California Family Code.

(I)(We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of the California Family Code cited above, to surrender physical custody of such minor to (my)(our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until February 23, 2011 unless sooner revoked in writing delivered to said agent(s).

(I)(We) the undersigned to hereby release, waive, discharge, and covenant not to sue the American Cancer Society, California Division Inc. (its affiliates, Board of Directors, officers, agents, employees, and volunteers) for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorneys fees, costs, and expenses) to the undersigned or to the minor child arising from or related to any medical care given to the minor child pursuant to this authorization, or arising out of or related to a decision to take the minor child to a particular hospital or other health care facility.

Parents/legal guardian/person having legal custody must assume responsibility for any medical costs as a result of participating in Camp through adequate insurance. The American Cancer Society, California Division, Inc. will not be responsible for any medical costs incurred.

(I)(We) understand that in the event of accident or illness my (our) medical insurance will be the first provider of coverage.

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Date Parent/Legal Guardian/Person Having Legal Custody

\_\_\_\_\_  
Parent/Legal Guardian/Person Having Legal Custody

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

Phone/Home: ( ) \_\_\_\_\_ Alternate number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

If signed by other than parent, indicate relationship: \_\_\_\_\_

**NOTE: ALL BLANKS IN THIS PACKET MUST BE FILLED IN**

Please mail your campers completed packet of forms to:

**American Cancer Society**  
**C/o Camp Reach for the Sky**  
2655 Camino del Rio North, Suite 100  
**San Diego, CA 92108-1633**  
Fax: 619-296-0928

\_\_\_\_\_  
American Cancer Society  
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## CAMP REACH for the SKY Camper and Parent Agreement 2011

Campers and parents will need to sign and date at the bottom that they have reviewed and agreed to follow the code of conduct prior to bus check in for camp week. Campers may not board the bus without this agreement.

When campers first gather as a cabin group, their cabin counselors lead them through the development of a cabin behavior contract. Campers discuss and agree on what behaviors will contribute to a terrific session at camp and on what behaviors would bring down the cabin group. The campers will agree to live by these rules for their week at camp.

Campers agree on lines of action to be taken if someone is displaying these negative behaviors. Generally the consequences include counselor speaking privately with those involved, small chores around the cabin, and apologizing for bringing the group down. To help manage behavior beyond this cabin contract, the camp staff will help encourage the cabin to work together and to reverse negative behaviors.

Camp Reach for the Sky is a physically and emotionally safe environment and does not tolerate campers who harm themselves, other campers, any volunteers, or any staff. Physical or verbal fighting, including but not limited to: degrading, demeaning, threatening or making fun of others is strictly prohibited. Any camper involved in fighting is subject to discipline and may be sent home immediately. The parent/guardian will be contacted by the Camp Director.

Campers who are disruptive, unruly, display inappropriate behavior, or require an undue amount of attention from the counselors will meet with the Camp Director to evaluate their behavior. Parents will be notified, and at any time, the camper may be sent home.

**It will be the parent's responsibility to arrange transportation for the child if he/she is being sent home.**

I \_\_\_\_\_ (please print campers name), have read and understand that Camp Reach for the Sky camper conduct should reflect behavior that will contribute to a positive and safe camp setting.

I \_\_\_\_\_ (please print parent/guardian name), have read and reviewed with my son/daughter the Camper and Parent Agreement. I understand that it is my responsibility to arrange transportation from camp if my child violates this agreement.

Camper Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\* This page to be completed for Resident Oncology Campers ONLY

## YMCA Camper Health History Form - 2011

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian 1: Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent/Guardian 2: Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

### Medical Information past or present (please check). If YES for asterik\* items, must have a Doctor's Authorization completed (reverse side)

Currently under Dr. care* <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Diseases or Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	

For each  Yes, please explain: \_\_\_\_\_

### Allergies:

Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Oak/Ivy Poisoning <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bee Sting Kit?	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
Foods <input type="checkbox"/> Yes <input type="checkbox"/> No	Other insects or animals <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Medications to be continued at camp (dosage/frequency): \_\_\_\_\_

Dietary Restrictions? :  Yes  No \_\_\_\_\_

Any reason to restrict full activity including swimming, long hikes, strenuous physical games?:  Yes  No

If Yes, please explain: \_\_\_\_\_

### Non-Prescription Medications: I authorize the following medications (or generic equivalent) to be administered as needed:

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No	Sucrets <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Syrup <input type="checkbox"/> Yes <input type="checkbox"/> No

### Waiver of liability

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i)I have read this document, (ii)I have had the opportunity to inspect the YMCA facilities and equipment, (iii)I accept them as being safe and reasonable suited for the purposes intended and (iv)I voluntarily sign this document. 2. Release YMCA, its directors, officers, employees and volunteers (collectively "Releasees")

from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the

provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

**Photo Release:** I give my permission to the YMCA of San Diego County to use my child's picture or other likeness in any of the YMCA's general publicity and campaign materials.

**Luggage Search:** I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons or other forbidden objects.

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