



Kaya Retreats, Inc.
Girls Summer Camp
Rites of Passage: A Time for Transformation

CAMPER INFORMATION													
Name:													
Date of birth:			Age:			Phone:							
Current address:													
City:			State:			ZIP Code:							
School:			Grade next Fall:			GPA end of school year:							
PARENT/GUARDIAN INFORMATION													
Mother/Guardian name:					Contact phone:								
Father/Guardian name:					Contact phone:								
REQUESTING SCHOLARSHIP?		YES		<input type="checkbox"/>		NO		<input type="checkbox"/>					
If yes, reason:													
Mother/Guardian current employer:							How long?						
Phone:			E-mail:										
Position:			Hourly			Salary		<i>(Please circle)</i>		Annual income:			
Father/Guardian current employer:							How long?						
Phone:			E-mail:										
Position:			Hourly			Salary		<i>(Please circle)</i>		Annual income:			
EMERGENCY CONTACT													
Name of adult contact other than parent:													
Address:							Phone:						
City:			State:			ZIP Code:							
Relationship:													
MEDICAL EMERGENCY INFORMATION													
Physician's name:													
Primary insurance co:					Insurance/Group number:								
Any allergies?		Yes		<input type="checkbox"/>		None		<input type="checkbox"/>		Unknown		<input type="checkbox"/>	
If yes, list allergies:													
CAMPERS													
<p>CAMPERS: Please read and sign the following statement. By signing this statement you are agreeing to participate fully in the program and activities offered by Camp. If accepted, I will participate in the Camp program and follow all the rules. I understand that the use or possession of tobacco, illegal drugs, and/or alcohol will result in my immediate dismissal from camp. I will not bring a cell phone or other communication device.</p>													
Camper's Signature:							Date:						
PARENT/GUARDIAN													
<p>PARENTS: Please read and sign the following statement: In case of emergency, I give permission for the staff of Rites of Passage Girls Summer Camp to select a physician and seek medical treatment for my child. I give permission for my child to receive over the counter medication from the camp nurse following physician guidelines. I give permission for photographs of my child to be used for promotional purposes by Rites of Passage Girls Summer Camp. I understand that I am financially responsible for property damages caused by my child's behavior.</p>													
Parent/Guardian Signature:							Date:						