

Medical/Emergency Information	If possible, please indicate a contact name other than a parent. We will always attempt to contact parents first.		
Emergency Contact Name:			Relationship to Camper:
Home Phone:			Work Phone:
Physicians Name:			City/State/Zip:
Insurance Co Name:			City/State/Zip:
Group/Policy #			Insured's Name:
MEDICAL INFORMATION			
Last Physical Examination (approx date):		/	Tetanus shot received in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Problems or Conditions (Check all that apply) Allergies Asthma Epilepsy Diabetes (See Note)
 Lactose Intolerant Vegetarian Other (describe) _____

Medications: Please list all medications you will be using while attending camp. Medications will be dispensed by adult camp staff members only. If you want medications self-administered, initial here: _____ Note: If you are allergic to bee stings or diabetic, bring your bring your prescribed emergency kits.

Special Medical Instructions: Are there physical disabilities that may keep you from fully participating in the camp's activities? (Please describe) _____

PARTICIPATION AGREEMENTS

PARENT(S)/GUARDIAN(S):

Please read and discuss carefully the Agreements, Camp Rules and Application documents with your sons and daughters who will be participating in Endeavour Camp. WHERE SIGNATURES ARE INDICATED, SIGNATURES ARE REQUIRED. All application pages must be completed and returned to Endeavour Camp in order for your camp session(s) to be reserved. Thank you for your cooperation.

1-CAMP RULES AGREEMENT: MUST BE READ AND INITIALED BY CAMPER

We ask that all Endeavour Campers abide by the same rules. By signing your name to this agreement, you are indicating your willingness to obey all the camp rules: be polite, no verbal or physical abuse, exercise self control, respect the environment, respect property and obey directions given to you by Endeavour Camp staff. I understand that the success of each participant, and the entire program is dependent upon each person keeping these agreements. If I break any of these rules, it MAY result in my being sent home immediately, without refund. I understand and agree to all camp rules as a condition of my participation in Endeavour Camp

CAMPER INITIALS: _____

2-ACTIVITIES AGREEMENT:

I/We understand that some Endeavour Camp activities take place outdoors. I/We recognize there is an element of risk associated with outdoor activities. I/We certify that my/our child is physically and mentally capable of participating in the Endeavour Camp activities, except as noted in this form. It is my/our duty to consult a physician and receive approval if my/our child has an injury or illness which prohibits an activity. In the event that I/we cannot be reached in an emergency, I/we verify you have my/our permission to take my/our child to the nearest emergency medical facility for treatment, and hereby give permission to the physician selected by Space Information Laboratories, Inc. (the Camp Director) to secure proper treatment, hospitalization, order injections, surgery or anesthesia for my/our child named in this application. All medication instructions are attached.

3-PUBLICITY AGREEMENT:

I/We give permission to use any photos or videos of my/our child to Space Information Laboratories, Inc. (Camp Director) for promotional purposes and agree to do so without compensation.

4-AN AGREEMENT TO HOLD HARMLESS:

The following agreement is required by Vandenberg Air Force Base in order for ENDEAVOUR CAMP to use their facilities. The USAF is not a sponsor or affiliated with the program. In consideration for my child(children)/dependent(s) as aforementioned in this application: who is (are)/will be traveling/participating as a member of the ENDEAVOUR CAMP being allowed to enter and use certain facilities and transportation on Vandenberg Air Force Base, California and being aware of the potential and possible hazards involved in the use of these facilities and modes of transportation and their related activities, including but not limited to personal injury, property damage and death, do hereby agree to assume full responsibility for my child's (children's)/dependent's safety and indemnity, save and hold harmless and defend the Government of the United States, its departments, agencies, employees, officers, and agents, acting officially or otherwise, from any and all liability, claims, demands, and actions which may occur resulting from my child's(children's)/dependent's presence within Vandenberg Air Force Base in connection with the above cited use. This agreement includes, but is not limited to, an agreement that anyone who attempts to claim or sue, whether for accident of negligence, however designated, shall pay all attorney's fees, costs and expenses for all opponents whether named or not. Each person enters and uses Vandenberg Air Force Base and uses its facilities and modes of transportation entirely at his or her own risk. This is to include the United States Air Force and Space Information Laboratories (SIL), Inc. transportation procured/used for transit on and off the installation.

These agreements are effective upon signing.

I hereby acknowledge that I have read and understood the above releases and that I sign voluntarily. If both parents/guardians live at the above named child's (children's)/dependent's address, please both sign below.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Mail completed applications to:

Endeavour Center
P.O. Box 5090
Vandenberg AFB, CA 93437

Email: director@endeavours.org **Phone/ Program Info.:** (805) 734-1747 **Fax:** (805) 734-1030

Visit website at www.endeavours.org for more information

Please send completed application and payment THREE WEEKS PRIOR to your first choice session
The Endeavour Camp is not affiliated with a school district