



# IIE/YMCA Hawaii English Summer Camp Application 2011

## STUDENT INFORMATION

Family Name		First Name		Middle Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____		Grade _____	
		Month	Day	Year	
Street Address (Home Country)					
City		State/Prefecture/Province		Country	Postal Code
Telephone #		Fax #		E-mail Address	
Country of Birth			Country of Citizenship		

## HAWAII ADDRESS (If Known)

Address		Zip Code	Phone
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## EMERGENCY CONTACTS

_____	_____	_____	_____
Name	Relationship	Phone	Cellular phone
_____	_____	_____	_____
Name	Relationship	Phone	Cellular phone

## HOW DID YOU HEAR ABOUT IIE HAWAII?

- Friend/Family    IIE's Website    Aloha Street (website)    Other website: \_\_\_\_\_    Aloha Street (Magazine)  
 Kyocharo Newspaper    Other magazine/newspaper: \_\_\_\_\_    Travel/Education Agent    Other: \_\_\_\_\_

## WHICH IIE/YMCA ENGLISH SUMMER CAMP SESSIONS ARE YOU INTERESTED IN JOINING?

(Sunday check-in, Friday check-out)

- July 24-29; Camp Session 6  
 July 31-Aug. 5; Camp Session 7  
 Aug. 7-12; Camp Session 8

## DO YOU NEED WEEKEND STAYOVER (FRI-SUN)?

(Must be enrolled in two sessions)

- Yes    No

## DOES YOUR CHILD NEED TRANSFER BETWEEN AIRPORT TO ENGLISH CAMP (NORTH SHORE)?

- Pick up    Drop off    Two Way    Not Needed

## DOES YOUR CHILD NEED TRANSFER BETWEEN NUUANU YMCA TO ENGLISH CAMP (NORTH SHORE)?

- Pick up    Drop off    Two Way    Not Needed



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### INSTITUTE OF INTENSIVE ENGLISH IIE.YMCA ENGLISH CAMP APPLICATION (P. 2)

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#### PARENT WAIVER & RELEASE

Classroom Study/Excursions/Off-Campus Activities:

I give my permission for my child to participate in any or all IIE programs, excursions, on and off - campus activities that are scheduled while he/she is enrolled as a student at IIE. I agree to assume all risks and responsibilities and discharge IIE and all its officers, agents and employees from and against any and all claims of damage to personal property, personal injury, or death which may result from this student's enrollment and participation in IIE programs, excursions, and/or on and off-campus activities.

Photo Waivers:

I consent to the use of my child's image for the school's promotional purposes arising out of participation in IIE's programs and activities without any payment to me and/or my child.

The YMCA of Honolulu may use any photos, slides or video of my child for public relations or promotional purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

#### REGISTRATION AND PAYMENT OF FEES

Minimum payment of Registration/Administration Fee must be paid to confirm enrollment. From May 30, 2011, full payment or remaining balance must be made.

IIE accepts payment in the form of U.S. dollars, checks, traveler's checks, and international money orders, wire transfers and credit cards (VISA/MasterCard/JCB). Wire Transfers: Ask IIE for account info.

#### IIE HAWAII CANCELLATION POLICY FOR ENGLISH SUMMER CAMP

Students that are registered through agents may have signed contracts through those agents and may have separate cancellation penalties, no-refund policies, or home-country-only conditions. All agent-student contract conditions will be confirmed by IIE prior to issuing a refund.

- Cancellations received within 72 hours of application will receive a full refund.
- Cancellations before May 30 will receive a full refund except the Registration & Administration Fee (\$225).
- Cancellations from May 30 to start of the program will receive a refund on the Tuition Fee (\$350 per week enrolled) and a partial refund (\$225 per week enrolled) of the Camp Fee.
- Cancellations after the start of the program: no refund

**ALL REFUNDS ARE ISSUED 30 DAYS AFTER THE CANCELLATION DATE**

#### AGREEMENT

I have read, I understand, and I agree to the terms and conditions, schedule, prices and starting dates and I confirm that I have sufficient funds to pay all the necessary costs of my course and accommodations. I understand the terms of cancellation and the refund policy of IIE. I certify that the information I am providing in this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of parent/guardian or sponsor

\_\_\_\_\_  
Date



# Camper Medical History & Medical Examination Form



Complete and mail to: YMCA Camp H.R. Erdman, 69-385 Farrington Hwy. Waialua, HI 96791 Phone: 808-637-4615

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. The Camper Medical History (top half opposite side) must be completed by parents/guardians of minors. An update of Camper Medical History is required annually. The Medical Examination Form (bottom half opposite side) must be completed by a licensed medical physician for campers attending overnight camp. Revised 1/6/2010

Select all sessions your child will be attending camp:  SES 1  SES 2  SES 3  SES 4  SES 5  SES 6  SES 7  SES 8  SES 9

**CAMPER INFORMATION** *PLEASE PRINT CLEARLY - This is camper's permanent record.*

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: / /	Age:
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**FAMILY INFORMATION:** *Applies to those with whom the camper legally resides. Non-custodial parent information is on registration form*

Street Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name
City	First Name	First Name
State Province Zip	Home Phone	Home Phone
<b>MEDICAL CONTACTS</b>	Work Phone	Work Phone
	Cell Phone	Cell Phone
Family Physician:	Employer's Name	Employer's Name
Phone Number:		

**EMERGENCY CONTACTS: (required)** *List two contacts other than parent(s)/custodian(s)*

Dentist Orthodontist:	Name	Name
Phone Number:	Relationship to Camper	Relationship to Camper
Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Home Phone
If so, indicate carrier or plan name:	Work Phone	Work Phone
Group #	Cell Phone	Cell Phone
ID #		
<b>Photocopy of front &amp; back of health insurance card must be attached to this form.</b>		

**Important - The section below must be complete for attendance**

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. 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/staffer: \_\_\_\_\_

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

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

Signature of minor or adult camper/staffer: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENT CAMPERS: PHYSICIAN MUST FILL OUT MEDICAL EXAM ON REVERSE SIDE AND IMMUNIZATION RECORD MUST BE ATTACHED**

<b>Camper Last Name:</b>		<b>First Name:</b>	
<b>CAMPER MEDICAL HISTORY - To be Completed by the Parent/Guardian.</b>			
Please list all known food, medicine, or other allergies: (Describe reactions and management of the reactions)			
Please list any operations or serious injuries (dates):			
Please list any chronic or recurring illness, past medical treatment, psychological conditions, or Special Needs:			
(Girls) Has this camper Menstruated?	If no, has she been told about it?	If yes, is menstrual history normal?	
Special considerations, suggestions, or reason(s) the camper or staff member should be exempted from camp activities:			
<b>ALL MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) MUST BE:</b> <ul style="list-style-type: none"> <li>• IN THEIR ORIGINAL LABELED CONTAINERS LISTING PATIENT AND DOSAGE.</li> <li>• TURNED IN TO THE NURSE AT CHECKIN BY THE PARENT/GUARDIAN.</li> <li>• SUFFICIENT IN QUANTITY TO LAST THE ENTIRE STAY AT CAMP.</li> </ul>			
<b>RESIDENT CAMPERS MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN</b>			
This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities. Laboratory tests done at discretion of physician.			
<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Resting Pulse:</b> <b>Date Last Tetanus Shot:</b>
Immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason:	
<b>ATTACH A COPY OF HEALTH INSURANCE CARD (BOTH SIDES) AND IMMUNIZATION RECORD TO THIS DOCUMENT</b>			
Recommendations and/or restrictions, physical or otherwise, while at camp. Any ongoing treatment or medications:			
In my opinion, the above applicant is able to participate in an active camp program.			
<b>Doctor Name:</b>		<b>Date of Exam:</b>	<b>Date/Signed:</b>
<b>Address:</b>		<b>Phone:</b>	
<b>Doctor's Signature:</b>			