



# Unitarian Universalist Service Committee

130 Prospect Street, Cambridge, MA 02139 (617) 868-6600 (800) 766-5236

Fax: (617) 868-7102 E-mail: justworks@uusc.org Website: www.uusc.org

## Just Works Camps Application

Camp Session/Location: _____		Today's date: _____	
Preferred session dates: _____			
<b>Camper's full legal name:</b>			
Last name		First name	Middle initial
<b>Mailing address:</b>			
Street/P.O. Box		Apartment/Suite #	
City	State	Postal Code/Zip	Country
<b>Telephone:</b> Home _____ Work _____ Cell _____			
Fax _____		E-mail _____	
<b>Permanent address (if different from above):</b>			
Street/P.O. Box		Apartment/Suite #	
City	State	Postal Code/Zip	Country
<b>Telephone:</b> Home _____ Work _____ Cell _____			
Fax _____		E-mail _____	
<b>Personal information:</b>			
Are you affiliated with a UU congregation? If so, which one? _____			
Date of Birth: _____			
<i>* Please Note: Applicants under 18 must have parental consent (see "Medical Permission/Waiver", page 2).</i>			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female This information is used for housing arrangements.			
How did you hear about the UUSC Just Works Camp Program?			
<input type="checkbox"/> Website <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> UUSC brochure <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Family member			
<input type="checkbox"/> Other _____			
Have you ever participated in a UUSC Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)? _____			

**This shaded box for office use only.**

Date Received  
Date Entered in database  
Copy at Camp

Confirmation Packet Sent  
Check Amount and Number  
By

**Health insurance information:***Note: Health insurance is a requirement for camp participation.*

Your name: \_\_\_\_\_

Name of insured:

Last name

First name

Relationship

Name of insurance company and plan name \_\_\_\_\_

Address of insurance company \_\_\_\_\_

Telephone number of insurance company \_\_\_\_\_

Policy number or insurance ID number \_\_\_\_\_ Group number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**Medical Permission/Waiver:** Please sign and date appropriate section below.

Applicants age 18 or older: I hereby give consent to the camp staff to seek emergency medical treatment for me including related transportation, ordering x-rays, routine tests, anesthetic, medical and surgical diagnosis or treatment, or hospital services. I agree to the release of any records necessary for insurance purposes.

Signature of applicant and date:

\_\_\_\_\_

Custodial parent/guardian of applicants under the age of 18: In the event that I, the custodial parent or guardian, can not 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 camper named in this application.

Signature of custodial parent/guardian for applicants under 18 and date:

\_\_\_\_\_

Printed name of custodial parent/guardian for applicants under 18:

\_\_\_\_\_

**Emergency contact information:** List two individuals in your family or community whom we may contact.

Last name

First name

Relationship

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Last name

First name

Relationship

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_**Medical Conditions:**

Describe any physical limitations and/or restrictions, disabilities, medical or food allergies, etc. Please list all medications you are currently taking. (Use back of sheet, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

**Special dietary needs:** Vegetarian Vegan Kosher Other

If "other," please describe. \_\_\_\_\_

**Are you a member of UUSC?**  Yes  No

**To join:** If you are not a UUSC member and would like to become one, please enclose a check to UUSC or charge it by adding the cost to your camp fee. Please select the appropriate membership box.

Partner Match Program - \$75    General Individual Membership - \$40    Student - \$10    Senior - \$10

**Payment:** Please see the UUSC website or contact our office to find out the cost of the camp you have chosen. The fee covers the cost for meals, housing, orientation, work oversight, and insurance.

Scholarship requested

Enclosed is a check for \$\_\_\_\_\_. Make payable to UUSC/Just Works.

Please charge my credit card \$\_\_\_\_\_    VISA    MasterCard    American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

**Participant Statement:**

In consideration of the opportunity afforded me to volunteer in the Unitarian Universalist Service Committee camp (hereafter referred to as UUSC, UUSC camp or camp), and in light of the aims and purposes of the community service provided by UUSC in organizing this project, I agree to participate in the camp; and I waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against UUSC, its officers, employees and directors, either individually or collectively. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the camp. Therefore, I agree to assume all risks.

**Initial here** \_\_\_\_\_

I understand UUSC assumes no responsibility for the loss of damage to personal equipment or property brought to the camp by a participant or staff member.

**Initial here** \_\_\_\_\_

I understand participants may not smoke, use smokeless tobacco, have or use liquor or drugs, except those medications taken as prescribed for use during the time of the camp *and* noted in the Medical Conditions section of this form. Participants are required to adhere to UUSC camp regulations including no violence, threat of violence or inappropriate behavior as outlined in the enclosed Code of Conduct. If a participant's conduct is determined by the project director to be detrimental to the group or to individuals in the group, the director and/or any UUSC staff member designated by the director reserve the right of dismissal. In the case of dismissal from a camp, the camp fee is nonrefundable.

**Initial here** \_\_\_\_\_

I understand the participants must have working knowledge of spoken and written English.

**Initial here** \_\_\_\_\_

I grant permission for UUSC to use any quotations, photographs, or videotapes of me during the camp for promotional purposes.

**Initial here** \_\_\_\_\_

If any sentence, phrase, paragraph, or section of this waiver is found to be invalid or ineffective by any court of competent jurisdiction, such decision shall not affect the validity or the effectiveness of the remaining portions of this participant statement or any part thereof.

**Initial here** \_\_\_\_\_

I sign this form to verify that I have read the above information.

Signature of applicant camper \_\_\_\_\_ Date \_\_\_\_\_

**Return all portions of this application to UUSC/Just Works,  
130 Prospect Street, Cambridge, MA 02139**