



CIT Application

2008 Summer Camp

Name of Participant:	M/F	Current Grade:	Age:
Primary Contact::	Relationship:		
Home Ph:	Work Ph:	Cell Ph:	
Address:			
City:	State:	Zip:	
Email:			
Secondary Contact:	Relationship:		
Home Ph:	Work Ph:	Cell Ph:	
Emergency Contact:	Phone:		

Weeks Applying For

June 9 – 13 _____

June 16 – 20 _____

June 23 – 27 _____

June 30 – July 3 _____

July 14 – 18 _____

July 21 – 25 _____

July 28 – August 1 _____

August 4 – 8 _____

August 11 – 15 _____

Important Registration Information

Odyssey must receive completed forms by April 30th.

All registrations will receive a Status of Acceptance letter within 2 weeks of Odyssey receiving a completed application.

Publicity Authorization

By participating in Odyssey's programs, I consent and authorize Odyssey to use my child's photograph for educational and public relations purposes related to Odyssey.

CIT Essay

Each applicant must submit a written explanation regarding why s/he is interested in the program and what they will bring to the program if chosen.

CIT Stipend

Each CIT will receive no salary for their work but they will receive an expense stipend of \$35 the Friday of their program.

Parental Permission:

I give _____

Permission to participate in the OCS CIT 2008 program during the weeks checked. I will drop this T off at the camp promptly at 8:30 am and pick-up promptly at 3:30 pm. If we need to use the before or after-school program I will pay the usual rate.

**Please send application form to
Odyssey
P.O. Box 17578
Asheville, NC 28816**

*Campus Location: 90 Zillicoa St., Asheville, NC 28801
Phone: 828-259-3653 Fax: 828-259-3564*

Signature _____



Odyssey Adventure

MANDATORY MEDICAL INFORMATION

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL AND IS USED ONLY TO PROVIDE THE SAFEST EXPERIENCE POSSIBLE FOR YOUR CHILD

Please check if participant is subject to the following: *ADD/ADHD* *Asthma* *Autism*
 Blindness *Deafness* *Diabetes* *Heart trouble* *Seizures* *Other*

Date of last Tetanus Inoculation:

List any physical restrictions/limitations or pre-existing medical conditions we should be aware

List any medications, when they are taken, and for what condition:

List any allergies to food, insects, or medications:

How severe and what is the reaction to any allergies listed?

Describe any behavior problems that may be disruptive to group learning:

Describe any mental or emotional problems:

Please Initial Below

My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and

Initials _____

Designated Odyssey staff may dispense medication under physician's orders. All medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both am and pm) to administer medication to my above named child in the manner described by the physician's orders.

Initials _____

I am the parent or legal guardian of _____, who is under the age of 18 years and who wants to participate in the Odyssey Adventure programs. In consideration of my child &/or ward's participation in the programs, I hereby release, waive and discharge Odyssey and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, whether on the Odyssey premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Odyssey or of any individuals listed above.

Initials _____

For students requiring injections: Generally, Odyssey staff are not trained or required to administer injections or other medical procedures or medications, except in life threatening emergencies. The Odyssey policy is to allow individuals to administer necessary injections to themselves, like that for control of diabetes. Instructions as to necessary injections or medical procedures must be provided by a physician and accompany the medication as stated above. I request that the Odyssey staff consider acting on a case-by-case basis should my above named child need an emergency injection or other medical procedure. I further hereby authorize the Odyssey staff to examine and render emergency or urgent medical care as they deem necessary, or to transport my

Initials _____

Date _____

Parent/Guardian Signature _____

Insurance Company _____

Policy Number _____

Physician's Name _____

Physician's Telephone _____