

EMPOWER. EDUCATE. ADVOCATE.
NORCAL
SERVICES FOR DEAF & HARD OF HEARING



CAMP GRIZZLY

*24th Annual Deaf, Hard of Hearing and Koda
Youth Summer Leadership Camp*

DEADLINE: *by June 1, 2025 or until filled*

CAMPER APPLICATION

(Youth ages 7-15)

Date: July 20 - July 26, 2025

NorCal Services for Deaf & Hard of Hearing

4044 N. Freeway Blvd., Sacramento, CA 95834

916-993-3048 VP * 916-349-7500 TTY/Voice 916-349-7580 Fax

Campgrizzly@norcalcenter.org * www.campgrizzly.org

Camp Grizzly 2025

Application and Tuition Info:

***Reduced Camp Tuition Rate - \$600.00**

(includes roundtrip transportation from Sacramento to/from campsite)

NOTE: Please contact NorCal for more information on limited campership tuition assistance for first time low-income campers.

HURRY!

Space is Limited!!

All completed applications with full tuition payment or \$100 minimum non-refundable deposit is accepted on a first come, first serve basis, by June 1, 2025.

**Camp Grizzly dates for Campers is July 20 - July 26, 2025
(Youth ages 7-15)**

Refund Policy:

- A full refund minus \$100 processing fee by May 1st, 2025.
- No refund after May 1st, 2025. No exceptions.

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To request an application, contact us or check our website:

Camp Grizzly

NorCal Services for Deaf & Hard of Hearing
4044 N. Freeway Blvd., Sacramento, CA 95834

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Camp Grizzly 2024

Youth Leadership Camp Program

Camp Grizzly

Camp Grizzly, sponsored by NorCal Services for Deaf & Hard of Hearing offers a week-long Youth Leadership program dedicated toward enriching the lives of America's Deaf, hard of hearing and Koda youth.

NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing is a non-profit, community-based organization founded on the belief that all Deaf and hard of hearing people can be empowered and educated to lead independent, fulfilling and productive lives when given equal access and opportunities.

Headquartered in Sacramento, NorCal has over 40 staff and 4 outreach offices throughout Northeastern California.

For more information about NorCal, call (916) 349-7500 Voice or (916) 993-3048 VP or check our website at

www.campgrizzly.org.

“Of, by and for”

NorCal Services for Deaf and Hard of Hearing's overall mission is integral to Camp Grizzly's achievement of excellence in camp experience. The Staff and Board of Directors align well with our “Of, by and for” philosophy. Camp Grizzly is committed to ensuring every child attending camp with respect to their lived experiences are reflected and mentored by staff with the same life experiences.

Camp Location

Camp Grizzly is located at Camp Ronald McDonald, a fully ADA accessible, ACA approved camp facility at Eagle Lake, Susanville, California, Lassen County, 3 ½ hours northeast of Sacramento.

Transportation

Transportation to/from camp is included and provided by car/motor coach bus. Camper and CIT pick up and drop off will be at NorCal HQ office in Sacramento, CA. Parents/Guardians may choose to transport their own child(ren) to and from camp site.

Guest Speakers

Camper/CITs are provided with an opportunity to meet and interact with Deaf, Hard of Hearing and Coda (Child of Deaf Adult) role models.

Outdoor Education

Camper/CITs acquire invaluable outdoor skills, including learning how to preserve and appreciate nature and wildlife, basic first aid, health and dietary awareness and STEM related activities.

Rotation of Group Activities

Throughout the camp session, separate camp age groups rotate among different activities throughout the day and week. Some activities will include all groups together at mealtimes, flagpole meetings, and all evening activities such as campfire, talent show, dance and Olympic games.

Recreation and Experiential Activities:

Hands-on training and participation of recreational activities including swimming, archery, hiking, basketball, volleyball, kayaking, fishing, Frisbee golf, biking, STEAM related activities, and arts & crafts.

Camp Olympics:

All Campers, CITs and staff compete in the camp Olympics, utilizing their mastery of various skills. ALL campers and staff are recognized for their accomplishments - no matter how great or small. Everyone is a winner at Camp Grizzly!

Group Sessions:

- Health and Safety
- Sign Language Fun
- Cultural Breakout
- Leadership and Team Building

Cultural Pride Meetings:

Camper/CITs participate in small group socials with other campers and adults of similar backgrounds to discuss Deaf heritage and culture as it relates to them.

Team-building Activities:

Scavenger hunts, campfire skits, and other outdoor team sports/activities.

Awards Ceremony:

All campers/CITs are recognized for their accomplishments while at Camp Grizzly!

Camp Grizzly 2025 THEME is “CANDYLAND”!!

Campers/CITs and staff will have an opportunity to make **theme** related crafts during the arts & crafts activity. On Friday night we will be “Movin’ & Groovin’” to the beat of Camp Grizzly’s AWESOME music system. Campers cherish this last night of camp!

Camper show for Families:

All campers/CIT’s will perform skits, signing songs, etc. and all performances will be recorded and posted for later viewing by campers and their families as a memento.

*Counselor-In-Training (CIT) Program:

Camp youth ages 16 – 18 will be mentored to become future camp counselors through Camp Grizzly’s “Counselor-in-Training” program (CIT). CITs are required to attend the CIT orientation held during the staff orientation on **July 19-20, 2025**, at no extra cost. **Drop off and pick up is at NorCal HQ Office in Sacramento. CITs will be transported by staff carpool/bus to campsite. CIT** Orientation includes information on roles and responsibility, problem solving techniques, health/safety, 1st Aid, communication and leadership training. During the week, CIT’s will work with younger children supervised by Camp Grizzly counselors. CITs will also participate in a group assignment to construct, lead and execute a group project. All CITs will participate in all other activities as provided to campers during the week at Camp Grizzly.

ADMISSION CRITERIA:

To qualify for admission, camper/CIT must:

- Be fluent or familiar with sign language
- Be between 7 and 18 years of age
- Be Deaf, Hard-of-hearing or Hearing with a Deaf sibling or Deaf parent (Koda). Have the ability/maturity level to function independently and follow instruction in a rustic camp setting with a ratio of two counselors per 8-10 campers



TO APPLY:

- Complete and sign entire application package
- Include all requested attachments: Child's picture, Insurance cards and Immunization records
- Medical Exam/History Form and OTC medication forms signed by doctor can be sent separately and received by our office no later than July 1, 2025)
- CRM Waiver Form
- Mail or drop off application/attachments with Full tuition payment or \$100 minimum deposit to NorCal's office in Sacramento, CA.

Tuition: \$600 per Camper/CIT by June 1st, 2025

TUITION INCLUDES:

- Three meals and one snack a day
- Lodging
- Camp Grizzly T-shirt
- Group Photo and Certificate
- Roundtrip bus transportation from Sacramento to Camp
- All Activities



DEADLINE: by June 1, 2025

- First Come, first served basis upon acceptance of completed applications, tuition fee (or deposit) and space availability.
- Late completed applications with full tuition payment may be accepted only if space is available (please call/email our office).

TUITION ASSISTANCE PROGRAM (TAP):

Please note tuition is already set at a **reduced** rate thanks to our generous sponsors/donors. Additional financial assistance may be available depending on funding availability and family income verification. Contact our office directly for an application.

MONTHLY PAYMENT PLAN:

TO PARTICIPATE:

- With monthly payment please pay \$100 minimum non-refundable deposit with application and any monthly amount w/final tuition balance due no later than June 1st, 2025, to avoid loss of space.

REFUND POLICY:

- Refund is given except \$100.00 processing fee until May 1st, 2025
- No refunds after May 1st, 2025, No exceptions.

MEDICAL SERVICES:

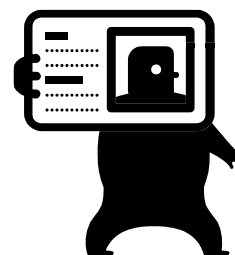
First aid and minor medical care are provided by Camp RN and First Aid & CPR certified staff.

ALL emergency medical attention will be routed to a nearby medical center or hospital. (Parent/Guardian will be notified.)



PLEASE NOTE:

- Camper/CITs medications must be kept and dispensed by the camp healthcare supervisor. **NO** medication is to be kept by individual campers.
- Prescription and OTC drugs **MUST** be in the original container with dosage instructions and the physician's name intact.
- Basic non-prescription, over-the-counter medications are available at camp.
- Proof of current health insurance is required. A photocopy of the front and back sides of the health insurance ID card and current immunization record **MUST** be submitted with the application.
- Campers/CITs will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.), **cold/flu** like symptoms and abnormal temperature. Your child **will not** be admitted to camp with these conditions or any fever per Camp Health Policy and Healthcare Regulations and no refund will be given.



For more information, please contact:

Camp Grizzly
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Sacramento, CA 95834
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2025 CAMPER APPLICATION
Deadline: June 1, 2025 or until filled
First come first served!

APPLICATION CHECKLIST: All items are required to attend camp.

- CIT Application (Pages 6-12)
- Camp Ronald McDonald Waiver Release Form
- Copy current Health Insurance Card
- Copy of current Immunization Record
- If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, pick-up/drop-off.
- Child's Physical Examination/History form completed & signed by physician (must be received by our office no later than **July 1, 2025**)
- OTC Med form completed & signed by physician (must be received by our office no later than **July 1, 2025**)
- Camp Tuition Fee \$600 (or minimum non-refundable deposit \$100.00 with balance paid by **June 1, 2025** to avoid loss of space)
- Current **COLOR** Photograph (2.5 x 3 inches minimum) of child headshot.



Important Note: Application package will be returned if incomplete, missing attachments, without tuition or minimum deposit paid.

REFUND POLICY:

- By May 1st, 2025, refund minus \$100 processing fee
- No Refund after May 1st, 2025, no exceptions.



TUITION: *\$600 by June 1st, 2025
(includes roundtrip transportation from Sacramento to/from campsite)

ACCEPTED FORMS OF PAYMENT:

_____ **Monthly Payment plan** (after \$100 minimum non-refundable deposit, any monthly amount with full balance paid by 06/01/2025 to avoid loss of space).

_____ **Check or Money Order payable to:** NorCal Services for Deaf and Hard of Hearing
Memo on check: Your Child's Full name

_____ **PayPal** (Visa or Mastercard) at <https://campgrizzly.org/tuition/>

All payments are final. Please contact our office if you have any questions.

2025 Camper Application (ages 7-15)

COLOR
Picture
Required
2.5 x 3 inches
minimum

Applicant Information:

Print Child Full Name: _____
Preferred First Name: _____
Home Street Address: _____
City _____ State _____ Zip _____
Child birthdate: Month _____ Day _____ Year _____ **Age:** _____ (at time of camp)
Gender: [] Male [] Female

Parent/Guardian Information:

Print Parent/Guardian Name: _____
Parent Email: _____ Home Phone: _____ VP or Voice
Parent CELL: _____ [] Text only [] Voice [] Both

INFORMATION ABOUT YOUR CHILD:

Prior camp experience? [] YES or [] NO WHERE?: _____
Prior Overnight experience? [] YES or [] NO Good: _____ Bad: _____
School Name: _____ **City:** _____ **State:** _____
Hobbies, interests and talents: _____

Benefits that you seek from this camp? _____

Any other pertinent information about your child? _____

Are there any cultural or religious practice your child to be honored or maintained at camp? If yes, Please state what they are here: _____

Swimming ability: (circle one)

Non-swimmer Poor Average Excellent

Sleeping habits? (circle one)

light sleeper heavy sleeper sleepwalks bed wetter

Is your child able to follow directions and be safe?

_____ Yes _____ No

Assistance needed to perform regular daily activities (i.e., bathing, feeding, dressing, toiletries, etc)?

_____ Yes _____ No

Ability to participate independently in all camp activities (i.e., swimming, archery, campfire, etc)?

_____ Yes _____ No

Type of reinforcement that works best?

Praise Recognition Reward Special Privileges
Other _____

**** If Camper needs special accommodations, please call or email us. ****

Primary Communication Mode: (circle all that apply)

ASL PSE SEE CUED ORAL

OTHER: _____

(Camper will be taught and encouraged to sign)

Is your child: (circle one)

DEAF

HOH (Hard of hearing)

KODA (child with deaf/hard of hearing parents)

SODA (sibling of Deaf/hard of hearing family member)

Child's T-shirt size: (circle one below)

Youth: Small Medium Large
(6 - 8) (8 -10) (10 -12)

Adult: Small Medium Large

Adult: X-Large 2X-Large 3X-Large

2025 LIABILITY RELEASE FORM AND PARENT/GUARDIAN & CAMPER AGREEMENT FORM

Permission to Participate

I understand and certify that my child's participation in the Camp Grizzly program is completely voluntary, and I have familiarized myself with the camp's program including all activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, kayaking, ropes course, archery and other outdoor activities.

I acknowledge that although NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for his/her own safety and the safety of other camp participants.

Parent or Guardian's Signature

Date



Release of Claims

I understand that my child's participation in Camp Grizzly Program can expose my child to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge NorCal Services for Deaf & Hard of Hearing its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that my child may suffer while participating in the Camp Grizzly program, including but not limited to, any claims arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation, supervision or conduct of any Camp Grizzly activity, whether planned or unplanned. I specifically agree to release and hereby release NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, or officers, agents, employees and volunteers.

Parent or Guardian's Signature

Date

Parent/Guardian & Camper Agreement

Camp can be exciting and adventurous. It can also be stressful, living with 8 - 10 people and being away from home. Camp Grizzly is concerned that care and attention is given to ALL campers as equally as possible. Staff will work to minimize discipline problems and handle them individually. Your support of our policies will promote camp safety and camp fun!

The camper has read and agreed to abide the following camp policies:

- Be considerate of the safety and feelings of others.
- Use sign language at all times.
- Obey camp rules including prohibition of the possession of any illegal substance (drugs/alcohol), weapons, or other items deemed inappropriate by the Camp Manager. Willful and/or repeated disregard for camp rules, or possession of illegal substance, weapons or other inappropriate items and inappropriate behavior such as harassment, bullying, profanity, no touching of person and property will be grounds for possible immediate dismissal.
- Respect and care for campgrounds and property. If camp property, or the property of others is damaged as a direct result of camper's behavior, the parent/guardian will pay for damages. Payment is due at the time that the camper is picked up.

Camper Signature

Date

The Parent/Guardian Agrees to the following:

I hereby certify that the application is true and correct to the best of my knowledge.

I hereby consent to this release of any photographs and videotapes taken of my child for use by NorCal Services for Deaf & Hard of Hearing/Camp Grizzly for publicity and fundraising purposes.

I agree to immediately pick up or arrange for pick up of my child upon notification of dismissal. I understand there will be no refund.

I agree to pay for any property damage sustained to the camp or other camper/staff caused by my child's behavior.

I agree to pay for any cost incurred for late pick-up on the last day of camp.

Parent/Guardian Signature

Date

**2025 Camp Grizzly Youth Leadership Camp
MEDICAL RELEASE FORM
(To be completed by camper parent/guardian)**

Camp Grizzly personnel will make every effort to reach parents/guardians in the event of an emergency or need for outside professional medical care.

As necessary for my child (print full name) _____, I authorize Camp Grizzly personnel to:

- provide routine health care;
- administer medication including over the counter medication as necessary,
- order X-rays, routine tests, treatment,
- release any records necessary for insurance purposes;
- provide or arrange necessary related transportation for my child (at my expense).

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to:

- secure and administer proper treatment including hospitalization and/or
- order xrays, routine tests, injection, medications, anesthesia and/or surgery for my child as named above.

I understand that any medical expenses will be billed directly to my insurance carrier or me. I hereby release Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, and subcontractors, from any and all liability for bodily injury, cost of medical treatment, or any other injury incurred as a result of the administration of emergency treatment. This form may be photocopied for use outside of the camp, for the purposes describe herein.

List Allergies/Special Instructions: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to Child: _____

**** ALL address, phone number and insurance info must be filled out COMPLETELY ****

Child's Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (Mo/Day/Year): _____ Age: _____ Gender: [] Female [] Male

EMERGENCY CONTACT INFORMATION:

Name of Parent/Guardian: _____ Relationship: _____

Cell Phone: _____ [] Text only [] Voice [] Both Work Phone: _____

Email Address: _____

ALTERNATE EMERGENCY NOTIFICATION: (Must be willing to pick up child at campsite if necessary)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: _____ [] Text [] Voice [] Both Email: _____

INSURANCE INFORMATION:

Primary Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

Other Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

[] NO Health insurance.

Name of Dentist: _____ Phone: _____

Address: _____ Email: _____

Family Physician: _____ Phone: _____

Address: _____ Email: _____

***** REMINDER: Provide copies of both sides of current Health Insurance Card. *****

**2025 Camp Grizzly Youth Leadership Camp
PHYSICAL EXAMINATION and HISTORY and RX FORM**

(Please Print):

Full Name of Applicant: _____ Date of Exam: _____
 Birth Date (Mo/Day/Year): _____ Sex: Female [] Male [] Hair Color _____ Eye Color _____
 Height: _____ Weight: _____ Blood Pressure: _____ / _____

GENERAL QUESTIONS ON HEALTH HISTORY:

Frequent Ear Infection	___ Yes	___ No	Asthma	___ Yes	___ No
Cardiovascular Disorders	___ Yes	___ No	Chicken Pox	___ Yes	___ No
Epilepsy/Seizures	___ Yes	___ No	Measles	___ Yes	___ No
Diabetes	___ Yes	___ No	Meningitis	___ Yes	___ No
Bleeding Disorders	___ Yes	___ No	Autism/Asperger	___ Yes	___ No
ADD/ADHD	___ Yes	___ No	Hepatitis (A, B, C)	___ Yes	___ No
Have a history of bed-wetting?	___ Yes	___ No	Skin (Rash, etc.)	___ Yes	___ No
Ever had an eating disorder?	___ Yes	___ No	Other: _____		
Have seen a mental health professional?	___ Yes	___ No			

Please explain any "yes" answers above: _____

Ever had surgery ? If yes, provide dates: _____

Ever been hospitalized? Provide dates: _____

Loss of consciousness, convulsions or concussion? _____

Any recent injury, illness, diarrhea, or infectious diseases? _____

Please provide information about the child's behavior and physical/emotional well-being that would assist the camp: _____

Does your child require a special diet?: [] Vegetarian [] Vegan [] Religious/Cultural [] Diabetic [] Gluten Free

Please describe: _____

ALLERGIES: [] Food: _____ [] Drug: _____

Please describe the allergy reaction and management: _____

MEDICATIONS: Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only.

Name of Prescription:	Dosage:	Specific times taken:	Reason:

[] My child does not take regular medication

IMMUNIZATION REPORT: (Please record the specific date (month/year) of the most recent booster dose for Tetanus.)

Vaccine: Tetanus (DPT /TD/ T) [] Yes [] No	Date of Last Tetanus Vaccine: (Month/Year):	Date of last Tuberculosis (TB) Test: (Month/Year):	Results of last TB Test: [] Negative [] Positive
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ARE ALL IMMUNIZATIONS CURRENT? YES NO **YOU MUST ATTACH A COPY OF UPDATED IMMUNIZATION RECORD******

*****NOTE: Your child will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.) or abnormal temperature. Your child will not be admitted to camp with these conditions per Camp Health Policy and Regulations and no refund will be given.**

To be completed by child's physician:
 I have examined the camp applicant named above. In my opinion, the applicant's current health condition does does not preclude his/her participation in an active camp program. The applicant is under my care for the following condition and/or treatment:

Signature of Licensed Medical Personnel: _____

Print Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax number: _____

2025 Camp Grizzly Over The Counter (OTC) Medication Form

California State Law requires this form to be filled out by a licensed physician for Camp Nurse (RN) to dispense over the counter non-prescription medication when needed.

Child Name: _____ **Birthdate (Mo/Day/Year):** _____ **Weight** _____

All medications available in the Health Center to be administered at the discretion of RN:

Drug	Route	Dosage	Schedule	Approved to Take (Circle)	Comments
Acetaminophen/ Tylenol	PO (chewable tabs, elixir or tabs)	Per Label	Per Label	YES / NO	
Ibuprofen/ Advil	PO (chewable tabs, suspension or tabs)	Per Label	Per Label	YES / NO	
Robitussin	PO (syrup)	Per Label	Per Label	YES / NO	
Mylanta / Tums	PO (chewable tabs, elixir or tabs)	Per Label	Per Label	YES / NO	
Dramamine	PO (chewable tabs – 50 mg)	Per Label	Per Label	YES / NO	
Dimetapp	PO (elixir or tabs)	Per Label	Per Label	YES / NO	
Benadryl	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Sudafed	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Zyrtec / Allegra / Cetirizine	PO (chewable tabs, elixir or pills)	Per Label	Per Label	YES / NO	
Claritin / Loratidine	PO (syrup or tabs)	Per Label	Per Label	YES / NO	
Mucinex DM / Guaifenesin	PO (syrup or tabs)	Per Label	Per Label	YES / NO	
Miralax	PO (powder)	Per Label	Per Label	YES / NO	
Metamucil	PO (pills, chewable tab or powder)	Per Label	Per Label	YES / NO	
Anbesol	PO (liquid)	Per Label	Per Label	YES / NO	
Visine / Visine AC	Optic drops	Per Label	Per Label	YES / NO	
Mineral Ice	Topical	Per Label	Per Label	YES / NO	
Triple antibiotic ointment	Topical	Per Label	Per Label	YES / NO	
Silvadene Cream	Topical	Per Label	Per Label	YES / NO	

The over-the-counter medications marked [Yes] above have been reviewed and approved for Camp RN to dispense.

Physician Signature: _____ **Date:** _____

2025 WAIVER AND RELEASE OF LIABILITY

(Camper/staff/volunteer - Minor)

Release and waiver of liability and indemnity agreement. I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of my use of, presence at, or trip to or from the facilities of Camp Ronald McDonald at Eagle Lake, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities Northern California and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald at Eagle Lake or Ronald McDonald House Charities Northern California for any injuries or property damages which may arise while my child is on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage caused by or arising out of the negligence of Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California, or their directors, officers, employees, volunteers and/or agents.

Authorization for use of photo. I hereby authorize Camp Ronald McDonald at Eagle Lake and Ronald McDonald House Charities Northern California to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald at Eagle Lake that contains my child's likeness.

Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____

Minor's Name: _____

Camper Session: July 20-26, 2025

2025 Camp Grizzly

Authorization for Transportation and Drop off/Pick up child at Camp site/NorCal office.

Print Name of Child: _____

I hereby authorize my child to be transported by Charter Bus from Sacramento to campsite and back to Sacramento. I hereby authorize the following person(s) to drop off or pick up my child from Camp Grizzly campsite or NorCal Sacramento office for any reason.

Name(s):	Relationship:	Cell/Text Info:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Your child will not be released to anyone other than to the Parent/Guardian on file or authorized persons named above.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship to child: _____

Your Cell phone #: _____ [] Text only [] Voice [] Both

Email: _____