

2016 REGISTRATION FORMS

Please fill out this entire packet and return with **\$50 deposit** (to be applied toward the total tuition of **\$289**). **Financial aid is available.** This deposit can be waived if you are applying for financial aid. Make checks out to **Rosie's Girls Rutland**.

We accept participants on a first-come, first-served basis. We will contact you to let you know if you have been successfully enrolled or if you have been placed on a waiting list. If you are placed on a waiting list we will return your deposit to you.

PROGRAM SESSION : July 25 to August 5, 2016 – Monday to Friday 9:00 am to 3:30 pm

Contact Information

PARTICIPANT INFORMATION

Name: _____ Grade (this year): _____ School: _____

Mailing Address: _____
Street Address/PO Box Town State Zip

PARENT / GUARDIAN #1

Name: _____ Relationship to Participant: _____

Same Mailing Address OR Mailing Address: _____
Street Address/PO Box Town State Zip

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Additional Phone: _____ Cell Home Work

Email Address: _____ Preferred Mode of Contact: email / phone

PARENT / GUARDIAN #2 (if applicable)

Approved to pick up Participant? Yes / No

Name: _____ Relationship to Participant: _____

Same Mailing Address OR Mailing Address: _____
Street Address/PO Box Town State Zip

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Additional Phone: _____ Cell Home Work

Email Address: _____ Preferred Mode of Contact: email / phone

EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship to Participant: _____

Approved for Pick Up: Yes / No

Name: _____ Phone: _____ Relationship to Participant: _____

Approved for Pick Up: Yes / No

APPROVED PICK UPS

The following people, in addition to the people indicated above, have permission to pick my child/ward up from camp:

1) _____ 3) _____

2) _____ 4) _____

Participant is approved to walk or bike home

Please Tell Us More!

In order to make this the best possible experience for your child/ward, we would appreciate your answers to the following:

1) Why would you like your child/ward to participate in Rosie's Girls? What do you hope she gains from the program?

2) Some activities at Rosie's Girls (carpentry, welding, etc.) require participants to work in groups as well as follow safety procedures and explicit directions and to use good judgment/common sense to ensure their own and other participants' safety. Please describe any concerns you have about your child/ward's ability to work in a group and follow set procedures and/or to use good judgment.

3) Is there anything special we can do to best support your child/ward in regards to her social and emotional needs?

4) Is there anything else you believe would be important or useful for the Rosie's Girls staff to know about your child/ward?

How did you hear about Rosie's Girls?

Past participant in Rosie's Girls

Friend Flyer/Poster Online Camp Fair VWW School Visit School (Teacher/Counselor, etc.) Other (please specify)

All campers should have sturdy work boots, which we will loan if necessary. **Need Loaned Boots?** yes no Shoe Size: _____

T-SHIRT SIZE (Adult Sizes, Women's Cut): S M L XL XXL

ATTENDANCE: Our experience shows that Rosie's Girls is most beneficial to participants who 2 weeks.

Please initial here to confirm that you plan for your child/ward to attend the entire 2 weeks of the program. _____

TUITION

The tuition for Rosie's Girls is \$289. **We have never turned anybody away due to inability to pay.** Partial and full financial aid is available. To apply for financial aid, please complete the financial aid application form included in this packet.

This program costs approximately \$1,000 per participant and is made possible by gifts from businesses, foundations and individuals. If you are able, please consider making a charitable gift to defray costs for other participants.

Please send a deposit of \$50 with this application. This deposit can be waived if you are applying for financial aid. Full payment is due 14 days before the 1st day of the program session. Please make checks out to Rosie's Girls Rutland.

DEMOGRAPHIC INFORMATION (optional)

This data is collected for informational purposes only, so we can better know who we are serving and for reporting to the funders who make our programs possible. This section is optional.

Gross annual household income (before taxes):

\$0-\$5,000
 \$5,001-\$10,000
 \$10,001-\$20,000
 \$20,001-\$40,000
 \$40,001-\$60,000
 \$60,001-\$80,000
 \$80,001-\$100,000
 \$100,001-\$120,000
 \$120,001-\$150,000
 \$150,001-\$200,000
 over \$200,000

Participant's race/ethnicity:

(please check all that apply)

White
 Latina
 Black or African American
 Native American
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Native Hawaiian
 Bi-racial/Mixed race
 Other _____

Participant lives with:

Mother and father/2 mothers/2 fathers
 Mother only
 Father only
 Parent and step-parent
 Grandparent(s)
 Shares time between parents
 Foster Parent(s)
 Other: _____

Participant qualifies for:

Free lunch
 Reduced lunch
 Neither
 N/A (i.e. homeschooled)

Highest level of education completed by parent/guardian #1

Elementary or Middle School
 High School
 2 Year College or Technical School
 4 Year College
 Post College Degree (e.g. Master's, Ph.D., M.D.)

Highest level of education completed by parent/guardian #2

Not Applicable
 Elementary or Middle School
 High School
 2 Year College or Technical School
 4 Year College
 Post College Degree (e.g. Master's, Ph.D., M.D.)

PERMISSIONS

Photo Release: I do / do not **(please circle one)** give permission for photographs and video images of _____ (participant's name) to be used in the media and in Rosie's Girls Rutland, Vermont Works For Women and our host site's publications, web-based content, and marketing materials. **By not circling a choice, but signing below, Rosie's Girls Rutland and our partners have permission to use photographs and video images of your child/ward.**

Program Evaluation Data Collection: I do / do not **(please circle one)** give permission for my child/ward to complete surveys for the purpose of collecting information about the program's impact and learning how we can continue to make the program stronger.

Electronic Equipment: Please be advised that we do not allow participants to use any type of electronic equipment at camp. This includes iPods, cellphones, CD players, and other devices. Campers may keep cell phones off and in their backpacks as long as they are not being used during camp, though we are not responsible for theft, damage or loss. You will be able to reach your child/ward via the camp staff phone as necessary.

Parent/Guardian Signature: My signature below indicates my permission for my child/ward to participate in all program activities, to attend field trips, to receive medical treatment, and whether to take part in photo or video sessions as indicated above.

I have enclosed a **non-refundable** deposit of _____ to hold my camper's place, which will be applied to the total fee, and I understand that full payment is due 14 days before the first day of the program session my child/ward is attending. I understand that if my child/ward is placed on a waiting list, the deposit will be returned. If my child/ward is accepted off the waiting list, full payment of all fees due will be required before she can attend. I understand that the camp fee is non-refundable after 14 days before the first day of the program session my child/ward is attending.

Parent/Guardian Signature

Printed Name

Date

Acknowledgment of Risk and Release of Claims

Please review the following with your child/ward and sign for yourself and the participant. In consideration of the services provided by **Rosie's Girls Rutland** and **Stafford Technical Center**, I hereby acknowledge, understand, and agree to the following:

Nature of the Risk

During my daughter's/ward's program experience with Rosie's Girls, she will be engaging in a variety of trades-related activities, including carpentry, welding, auto repair, and electrical wiring. She also may be engaged in creative projects such as making music, creative movement, and art projects, as well as playing games outdoors, swimming and riding in vehicles. The risk of property damage or injury, including serious injury or death, exists in many, if not all, of the activities that we may do. Some of the risks are inherent to the activities, and some may be unknown or unanticipated. I agree to accept those risks and voluntarily have chosen to have her participate in spite of the risks.

I understand that my daughter/ward will be using power tools and machinery and that it is very important for her to follow all safety instructions she is given. Rosie's Girls Rutland will not be able to maintain constant supervision of her or the other girls in the program, and she is expected to pay attention to her own safety. My daughter/ward is also expected to follow any rules or directions that may be given, as well as common sense safety precautions. I understand that she may get dirty or sore or may damage her clothing or other property.

Release

I, for myself, my family members, my heirs, my assigns, and any other person acting on my behalf, hereby release and forever discharge Rosie's Girls Rutland, Stafford Technical Center, Vermont Works for Women, its employees, volunteers, directors, and agents from any and all liability, action, cause of action, and claim or for any injury, loss, or damage that may arise out of my participation in the Rosie's Girls program. This release specifically includes, but is not limited to, any claim for negligence or gross negligence by Rosie's Girls Rutland and Stafford Technical Center, its employees, volunteers, directors, or agents.

Hold Harmless and Indemnification

I agree to indemnify and hold harmless Rosie's Girls Rutland, Stafford Technical Center, Vermont Works for Women, its employees, volunteers, directors, and agents from any and all liability, costs, expenses, or damages, including the costs of defense, attorney's fees, and expenses in connection with my participation in the Rosie's Girls program, as well as all costs or attorney's fees incurred to enforce this agreement.

General Terms

I agree that any dispute that may arise under this agreement shall be brought only in Vermont and shall be governed by and construed under the laws of the State of Vermont.

If any portion of this agreement is found to be illegal, void, unenforceable, or against public policy, the remaining portions of the agreement shall not be affected and shall remain in full force and effect to the fullest extent permissible by law.

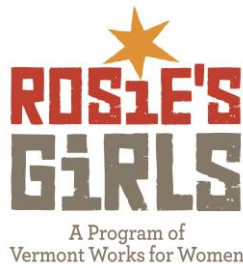
Signature of Parent or Guardian

I have read, understand, and agree to all of the above. ***I have reviewed the above provisions with my child/ward***, and I give consent for my child/ward to participate in Rosie's Girls. I agree to all the terms and conditions above, including the release, indemnification, and hold harmless provisions, for myself, my child, and our heirs, assigns, or other persons or entities acting on behalf of myself or my child.

Signature
For myself and my child/ward

Printed Name

Date



2016 PARTICIPANT MEDICAL FORM

This medical form must be completed and signed by both a parent/guardian and a physician. Please return no later than two weeks before the start of camp. Participants will not be allowed to attend without this completed form.

PLEASE NOTE: THIS FORM CANNOT BE ACCEPTED WITHOUT A PHYSICIAN'S SIGNATURE.

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

Rosie's Girls involves using hand-held power tools and welding equipment, as well as physical activities such as a ropes course, swimming, and outdoor games. *Is there anything we should know for your child/ward to safely engage in these activities?*

Has the participant been treated for any medical problems in the following areas?

Seizures _____ Length of seizure _____

Cardio Vascular _____ Restrictions _____

Orthopedic Observations _____ Restrictions _____

Pulmonary _____ Restrictions _____

Asthma _____ Medications? _____ Inhaler? _____

Any limitations with sight or hearing? Does the participant wear corrective lenses?

Does the participant have any contagious or infectious diseases? _____ If yes, explain _____

Has the participant been exposed to any contagious or infectious diseases in last 6 months? Be specific: _____

ALLERGIES: Has the participant had any allergic reactions to the following (be specific) - If so, list in detail the reaction:

Drugs: _____ Reaction: _____

Insect Bites: _____ Reaction: _____

Foods: _____ Reaction: _____

Other: _____ Reaction: _____

Other: _____ Reaction: _____

Does the participant need to carry an epinephrine pen for any allergies? ___Yes ___No If yes, which allergy? _____

MEDICATION: Please list all medication the participant is currently taking (or attach a current medication schedule for this person):

MEDICATION	DOSAGE	SCHEDULE
1. _____		
2. _____		
3. _____		
4. _____		

Please describe any other conditions about which program staff should be aware, including social and/or emotional needs:

DATE OF MOST RECENT EXAM: _____ (NOTE: Most recent exam must be within last two years.)

****PLEASE NOTE: THIS FORM CANNOT BE ACCEPTED WITHOUT A PHYSICIAN'S SIGNATURE****

PHYSICIAN'S NAME (please print): _____
TITLE (circle one): MD PA NP
Complete Address: _____
Phone(s): _____
PHYSICIAN'S SIGNATURE: _____ DATE: _____

MEDICAL TREATMENT

I give Rosie's Girls Rutland camp staff consent to provide medical treatment (within the scope of their training) to my daughter/ward, make decisions about her immediate medical care and, if necessary, either take her or arrange for her to be taken (by Emergency Medical Services) to the nearest emergency room to receive emergency medical treatment. I give permission to the medical personnel selected by Rosie's Girls Rutland camp staff to provide routine health care; to administer x-rays, routine tests and treatment; to release any records necessary for insurance or treatment purposes; and to provide or arrange necessary transportation for my child or ward. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Rosie's Girls Rutland camp staff to secure and administer treatment, including hospitalization, for my child or ward.

I hereby give permission for RGR camp staff to give my child/ward over the counter medications according to standard dose:

Ibuprofen (e.g., Advil) __ YES __ NO

Acetaminophen (e.g., Tylenol) __ YES __ NO

Diphenhydramine HCl (e.g., Benadryl) __ YES __ NO

Parent/Guardian Signature: _____ **Date:** _____



A Program of
Vermont Works for Women

2016 FINANCIAL AID APPLICATION

Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time Rosie's Girls Rutland receives your application.

PROGRAM SESSION : July 25 to August 5, 2016 – Monday to Friday 9:00 am to 3:30 pm

Name of Participant: _____

Name of Parent/Guardian: _____

Please answer all questions on this form. This helps us grant financial aid quickly and fairly. If you have questions, please call Rosie's Girls Rutland at 802.459.2758. Thank you!

1. Does your child receive free/reduced cost lunch at her school? No ___ Yes: Free lunch ___ Yes: Reduced lunch ___
2. Do you receive support from the Department of Children & Families, Economic Services Division (ESD)?
This includes Food Stamps and TANF support. No ___ Yes: 3SquaresVT ___ Yes: Reach Up ___
3. What is your monthly household income? \$ _____
4. How many household members are dependent on this income? # _____
5. How many of these household members are under 18 years of age? # _____
6. Please check all that apply:
 - One or more family members have a disability or have been ill
 - One or more adults is unemployed or under-employed
 - Financial difficulty related to divorce or separation
 - One or more adults is a college student or studying for a GED
 - Debt payments that are difficult to meet
 - Mortgage is more than 30% of income
 - Credit card payments
 - Student loan debt
 - We cannot afford the tuition without help
7. Is there anything else you would like us to know in determining financial assistance? (Please use the back of this form.)

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

Applying as early as you can is helpful. Please call us if you have any questions about your application.

What is the **maximum** you feel you could pay towards the total fee of \$289? **Although we cannot guarantee financial assistance will equal your request, you must answer this question in order for us to process your application.** \$ _____

We ask for a deposit of \$50.00 when you submit your application. If you are unable to pay the full \$50, please circle what you can afford to pay as a deposit. Please circle one: \$10 \$25 \$40

Please include your deposit when you submit this form. Please make checks out to **Rosie's Girls Rutland**

Parent/Guardian Signature

Date

All information on this form will be kept confidential and will be used solely to determine financial aid award.