



Camp Open Arms 2018: July 9-20

Dear Parents and Guardians,

Believe it or not summer will be here soon and so will camp!!!

This year Camp Open Arms will be located at Bay Trail Middle School from July 9th to 20th. Enclosed are the camper application, camper rules, release forms and the medical forms. If the medical form can't be completed by the deadline, please send the application by May 21st.

All forms must be returned to us by Monday, May 21st.

Medical Form

We strongly suggest that you do not leave the medical form with the doctor or nurse to fill out and return to us because very often it is not sent before camp begins. No child will be allowed to begin camp without a complete medical form, regardless of how many previous times they may have attended. We need the medical information for all campers well before camp, in order to make sure we have everything we need, including medical supplies and staff to insure that your children have a safe camping experience. If you have a problem scheduling your child (children) for physicals before the May 21st deadline, please call as soon as possible.

Parents/Guardians of Children with Sickle Cell Anemia: Please note that no child in this group will be allowed to participate in any water activity (swimming or water rides at Seabreeze) without the signature of their doctor. There is a special section of the medical application that addresses this issue.

Any medication given at camp must have accompanied by a physician's order

Camper Rules Form

This form outlines, in detail, the rules and behavior that every camper is expected to follow. Please discuss this with your camper(s) and sign and return to us. By signing this you as parent/guardian and the camper are saying that you understand the rules and agree to them. If you have any questions about these rules, please call.

Release Forms

There are five release forms, fill out one for each child you are sending to camp. The forms are Gymnastics Training Center, Penfield Swimming Pool and the publicity release form. Group I (ages 3-5) does not go to the pool or kayaking, but if the weather is hot, we will break out the sprinkler to cool down.

Camp Shirts

Each camper will be given one camp shirt. Additional shirts can be purchased at \$10.00. This needs to be paid at time of application. Please be sure to indicate the camper's shirt size on application.

We look forward to having a safe and fun time at camp this year!

The Camp Open Arms Staff

CAMP OPEN ARMS 2018
CAMPER APPLICATION
July 9th – 20th

CONFIDENTIAL INFORMATION

Age Requirements 3 to 14 years old

This form must be completely filled out before admission to Camp.

Please Print (Pen Only) or Type

1. Camper's Full Name: _____
Sex: *Please Circle:* M or F DOB: ____/____/____ Age at time of camp: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone :() _____
2. Shirt Size: *Please Circle:* **Youth:** S M L **Adult:** S M L XL
3. Father's Name: _____ Email: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
4. Mother's Name: _____ Email: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
5. Guardian's Name: _____ Phone: () _____
6. Person in case of emergency if parent/guardian cannot be reached: Name: _____
Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
Relationship to child: _____
7. Name of pediatrician: _____ Phone: () _____
8. Name of dentist/orthodontist: _____ Phone: () _____
9. Do you carry family medical/hospital insurance? Please Circle: YES or No
If yes, indicate carrier: _____ Policy or Group #: _____
10. If child is *new*, how did you hear about Camp Open Arms? _____
11. **Health History to be completed by parent/guardian.**
Cancer Type: _____ Date of diagnosis: _____
Sickle Cell Anemia: _____
If the above does not apply to you, please briefly explain your connection to Camp Open Arms: _____
- | | | |
|--|-----------|---|
| Vision Problems | Yes or No | Explain: _____ |
| Hearing Problems | Yes or No | Explain: _____ |
| Asthma | Yes or No | Explain: _____ |
| Diabetes | Yes or No | Explain: _____ |
| Seizures | Yes or No | Explain: _____ |
| Special Diet | Yes or No | Explain: _____ |
| Emotional/Behavioral Issues | Yes or No | Explain: _____ |
| Developmental Issues | Yes or No | Explain: _____ |
| Allergies (Food, Medication, or Insects) | Yes or No | If yes, does the allergy require medication? Explain: _____ |
- Other Medical concerns: _____

**If Epi-pen is needed, send with child the first day of Camp. Child will not be allowed at Camp without Epi-pen*

12. Physical restrictions or limitations to:

Strenuous activities? Yes or No Explain: _____
Swimming or diving? Yes or No Explain: _____
Exposure to sunlight? Yes or No Explain: _____
Exposure to hot/cold temperatures? Yes or No Explain: _____
Are there any activities your child will not be able to do because of limitations ex. swimming? Yes or No
Please Explain: _____

13. Is your child currently receiving Chemotherapy or Radiation? Please Circle: Yes or No

Please Explain: _____

14. Does your child currently have: Please Circle Yes or No:

Low White Count Yes or No Low Hematocrit Yes or No Low Platelets Yes or No

15.*Please list all prescription and over-the-counter medications your child is taking daily:

Name of Drug	Dosage	Time of Administration	Administration at camp?	Comments
			Yes or No	
			Yes or No	
			Yes or No	

***If you are bringing a medication to camp, please give the medication to the medical director the first day at camp. Medications must be in a properly labeled bottle with the child’s name, name of the medication, dosage, & the time of administration clearly marked. We do encourage you to keep your child on any medications taken regularly during the school year to help him/her focus (i.e. Ritalin, Adderall, etc.)**
***Any over-the-counter medications available at camp (Tylenol, Advil/Motrin, Benadryl, etc.) will be administered at the discretion of the medical staff.**

16. Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.
I hereby give permission to the physician selected by the camp health director in the event I cannot be reached in an emergency to order X-rays, routine tests, hospitalize, secure proper treatment, and to order injections and/or anesthesia and/or surgery for my child as named above. I also give permission to administer over-the-counter medications to my child at the discretion of the medical staff.

Participant forever waives, releases, and holds harmless Gilda’s Club Rochester, and its agents, employees, successors, and assigns (the “Releasees”) from any loss or causes of action of any kind, and any and all injuries, illness, death, or property damage which may be sustained by the Participant as a result of participation in Camp Open Arms, even if arising from the negligence of the Releasees, to the fullest extent permitted by law, except in cases of the Releasees’ willful, intentional, or gross negligence. Participant understands and acknowledges that this Release fully discharges the Releasees from any liability or claim that Participant may have against the Releasees with respect to injuries, illness, death, or property damage which may be sustained by the Participant as a result of participation in Camp Open Arms. Participant further agrees to defend, indemnify, and hold harmless the Releasees for any costs, expenses, or losses, including attorneys’ fees, in the defense of any suit arising hereunder.

I HAVE CAREFULLY READ AND REVIEWED THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT MAY OTHERWISE EXIST.

Signature: _____ Witness: _____

PHYSICAL EXAMINATION (TO BE COMPLETED BY HEALTHCARE PROFESSIONAL)
CAMP OPEN ARMS 2018
EXAM MUST BE WITHIN ONE YEAR OF LAST PHYSICAL
PLEASE RETURN BY May 21st

Please return to:
Mary Casselman
C/O Camp Open Arms
Gilda's Club Rochester
255 Alexander Street
Rochester, NY 14607
FAX: (585) 423-9072
info@gildasclubrochester.org

Camper Name: _____

Date of Birth: _____

Date of Exam: _____

General Health/Development: _____

Height: _____ Weight: _____ Blood Pressure: _____ Skin: _____

HEENT: _____ Lungs: _____ Heart: _____ Abdomen: _____

GU: _____ Musculoskeletal: _____ Neurologic: _____

Use this area to describe fully any additional positive findings: _____

I hereby supply evidence that these mandatory immunizations were completed on the following dates: (if child had a disease, include dates.)

1) DTaP _____

2) Polio _____

3) Hib _____

4) Prevnar _____

5) Hep B _____

6) MMR _____

7) Varivax _____

8) Tetanus Booster _____

9) H1N1 Vaccine _____

10) Other: _____

Please indicate any significant medical conditions, concerns, or restrictions that would effect the participation in any camp activities: (i.e. strenuous activities, hot/cold temperatures, swimming, etc.)

If the camper has sickle cell anemia, is the child able to participate in indoor/outdoor water activities?

Yes or No

If yes, is there any restriction on water or air temperature during these activities?

Provider Name: _____ **Phone #** _____

Provider Signature: _____ **Date:** _____

CAMP OPEN ARMS

CAMPER RULES

Camp Open Arms strives to create a safe environment for campers to build comradery, provide support and enjoy summer recreational activities. To accomplish this, the following rules are expected to be followed by all campers and counselors:

- Must exhibit behavior that promotes a safe experience for all campers
- Be respectful of others
- Must wear Camp Open Arms T-shirts at all times
- No swearing or using profane language
- No hitting, fighting, physical or verbal confrontations
- No stealing or damage to property
- Must follow the rules/directions given by counselors, head counselors and Camp Director
- Stay with your group and assigned counselor
- Discuss any problems you may have with another camper or counselor with your group's head counselor

Failure to follow any of the rules above or other unacceptable behavior may result in the camper's dismissal from camp.

I have read, understand and agree to follow the rules above.

Parent signature

Camper signature



Camper Name: _____

PUBLICITY RELEASE FORM

Camp Open Arms

To help Gilda's Club spread the word about its service so that others may benefit, I give my permission to this local nonprofit program to allow Gilda's Club Rochester to:

Please check / mark an answer:

- I agree to be photographed
- I agree to be interviewed
- I agree to be videotaped (video may be shown on TV, in schools, and elsewhere in the community to promote this program)

My involvement will support Gilda's Club's promotional, educational and support efforts.

Signature _____ Date: _____

Phone () _____ (not for release)

POOL WAIVER

(PLEASE PRINT) **Recreation Registration Form** (*Fill out form completely including signature*)

PARTICIPANT NAME _____ **SEX** _____ **DOB** ____/____/____ **AGE** ____

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **WORK PHONE** _____ **Ext** _____

Please list all courses you wish to register for:

If participant under the age of 18, please complete the shaded area below: Resident of Penfield or Penfield school dist.? ____Yes____No

PARENT NAME _____ **DAY PHONE #** _____ **RELATIONSHIP (Mom/Dad)** _____

2ND PARENT NAME _____ **DAY PHONE #** _____ **RELATIONSHIP** _____

Program Name (First Choice) Course # (including section) Program Fee IF COURSE IS FULL, YOUR 2ND CHOICE

1) ____POOL_____

WAIVER FOR PARTICIPATION - *In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Penfield and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the above stated activity, I do hereby authorize the Town of Penfield to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Town of Penfield Refund and Registration Policy. Refunds are subject to a processing fee.*

SIGNATURE _____ [PARENT/GUARDIAN/SELF (IF OVER 18)]

PLEASE LIST ANY ADDITIONAL INFORMATION HERE (e.g. Special Needs/Medical Notes/Requests/Other):