



## ***Camp Open Arms 2017: July 10-21***

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 10<sup>th</sup> to 21<sup>st</sup>. 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 June 6<sup>th</sup>.

***All forms must be returned to us by Monday, June 6<sup>th</sup>***

### **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 June 6<sup>th</sup> 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*

***Special thanks to Platinum Sponsor*** **ROCHESTER**  
REGIONAL HEALTH

**CAMP OPEN ARMS 2017**

**CAMPER APPLICATION**

**July 10<sup>th</sup> – 21<sup>st</sup>**

**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 2017**  
**EXAM MUST BE WITHIN ONE YEAR OF LAST PHYSICAL**  
**PLEASE RETURN BY June**

**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.

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Parent signature

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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

## 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) \_\_\_\_\_

2<sup>nd</sup> 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):

**The Gymnastics Training Center of Rochester, Inc.**  
2051 Fairport Nine Mile Point Road, Penfield, NY 14526  
585-388-8686; FAX 585-388-0018  
email: [gtc@frontiernet.net](mailto:gtc@frontiernet.net)

**WAIVER/RELEASE FORM (PLEASE PRINT CLEARLY)**

EVENT \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

List any Medical Problems, Allergies or Medications \_\_\_\_\_

**RELEASE AND CONSENT AGREEMENT**

The undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., by signing this contract, expressly acknowledges that this contract contains release and other risk-shifting provisions which may operate to shift risk from The Gymnastics Training Center of Rochester Inc., to the undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester and the student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., expressly accepts the responsibilities and duties resulting from such provisions. The individual (s) signing this agreement admit (s) reading and understanding the terms contained in this agreement. I (we) the undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., for and in consideration of enrollment and/or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this release with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may occur to the student, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any



negligent act (s) or omission (s) of The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants during the student's attendance at and participation in any activities associated with The Gymnastics Training Center of Rochester Inc., both on and off The Gymnastics Training Center of Rochester Inc., premises.

### MEDICAL CONSENT AND RELEASE

I, the undersigned parent or legal guardian of the above named student do hereby expressly grant authority to the staff of The Gymnastics Training Center of Rochester Inc., to render a judgment concerning medical assistance in the event of an accident, injury or illness during my absence and execute this consent and release provision with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may arise from the rendering of such judgments, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act (s) or omission (s) of The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants involved in the rendering of such judgments.

Furthermore, in the case of an emergency I consent and expressly grant the staff of The Gymnastics Training Center of Rochester Inc., the authority to obtain medical assistance and treatment as they deem necessary. I understand that neither The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants shall be responsible for any medical expenses incurred on behalf of the above named student, and that I am responsible for all payment of medical expenses so incurred.

***I give my express permission and consent for a licensed doctor or physician to administer the necessary aid to my child or legal ward (Name) \_\_\_\_\_ should he/she become injured or sick while in attendance at or while participating in any activity associated with The Gymnastics Training Center Of Rochester Inc., and to do so without having to wait until I (we) are contacted.***

***I HAVE READ, UNDERSTAND, AND EXPRESSLY AGREE TO THE ABOVE STATEMENT. By the execution hereof I do further bind myself, my child or legal ward and all heirs, executors, administrators, successors or assigns of same.***

**SIGNATURE(PARENT/GUARDIAN): \_\_\_\_\_ DATE \_\_\_\_\_**

**Please print, fill out and submit this form in person to GTC, or Fax to (585) 388-0018. Or, fill out and send to [gtc@frontiernet.net](mailto:gtc@frontiernet.net)**