



CAMP SUSQUEHANNA CAMPER APPLICATION

June 22 - June 25, 2017

DEADLINE FOR APPLICATION - MAY 1st 2017

NOTE: All information on this application form is necessary if we are to provide a safe, secure environment for your child at camp. Campers will not be accepted to Camp Susquehanna unless EVERY item of the application is completed.

Campers Name: _____ Nickname (if any) _____

Male ____ Female ____

Address: _____ Apt# _____ City: _____ State: ____ Zip _____

Date of Birth: ____/____/____ Age ____ Grade (this fall) _____

Has your child ever attended camp before? ____ Y ____ N Camp Susquehanna? Yes ____ No ____

CONTACT DETAILS:

Name of Parent or Guardian _____

Cell # (____) _____ Home # (____) _____ Work # (____) _____

Email Address (please print clearly) _____

Name of School where child attends: _____

Please provide us with the names and telephone numbers of two other people we can contact in case of an emergency. This will authorize these individuals to pick up your child from camp if there is an emergency and you cannot be reached within 24 hours.

Name: _____ Relationship to child _____ Phone # (____) _____

Name: _____ Relationship to child _____ Phone # (____) _____

HOW DID YOU LEARN ABOUT CAMP SUSQUEHANNA?

Name of individual and/or hospital: _____ Phone# (____) _____

HEALTH HISTORY:

Date of Burn Injury: ____/____/____ Age When Burned ____ Percentage of body burned ____%

What part of your child's body has been injured?

Cause of burn injury: _____

Will your child be wearing pressure garments at the time of camp? _____

If yes, does your child need help to put on/remove the garments? _____

Can your child swim with the pressure garments on or should they be removed before swimming? _____

Does your child sleep with the garments on? _____

Additional details or directions about your child's pressure garment _____

Will your child be wearing dressings at the time of camp? _____ If yes, please send enough dressing supplies for 5 days. Please label all dressing materials with your child's name and provide relevant instructions for dressing application. There will be registered nurses on duty to help with dressing changes.

If your child suffers from **any** allergies, please list them _____

How does the allergy affect your child? _____

How is your child treated for this allergy? _____

Any necessary medications (such as EpiPen) are to be sent along with your child)

Please answer Yes or No to the following questions:

Your child:

1. Has had a recent illness or injury _____

2. Has a chronic or recurring illness or condition? _____

3. Has been hospitalized for reasons other than the burn injury _____

4. Has recently been exposed to an infectious disease _____

5. Has had a head injury or been knocked unconscious _____

6. Has recurring headaches _____

7. Has had seizures _____

8. Has had dizzy spells or passed out _____

9. Has asthma _____

10. Wets the bed _____

11. Has any additional medical problems including blood pressure problems, heart problems, diabetes, etc. _____

Please explain any 'YES' answers to numbers 1-11, and provide information about ongoing treatment for any problems:

Please answer Yes or No to the following questions:

Your child:

1. Has emotional problems including attention problems, anxiety, and depression _____

2. Has behavioral problems including difficulty at school _____

3. Has recently experienced a loss or traumatic life event _____

Please explain any "YES" answers to numbers 1-3, and provide information about ongoing treatment for any problems:

Please list any physical limitations that your child may have (unable to swim, overheats easily, etc.)

Please list any fears that your child has including water, fire, dark, etc _____

Does your child require a special diet? If so please provide details: _____

Does your child take any medication?: _____ If YES, please fill out the following:

Name of medication: _____ Dosage amount: _____

Directions on when your child takes this medication and any other special instructions _____

Name of medication: _____ Dosage amount: _____

Directions on when your child takes this medication and any other special instructions _____

Name of medication: _____ Dosage amount: _____

Directions on when your child takes this medication and any other special instructions _____

PLEASE USE THE BACK OF THIS APPLICATION TO LIST ANY ADDITIONAL MEDICATIONS

*******PLEASE BE SURE TO LABEL YOUR CHILD'S MEDICATIONS WITH THEIR NAME AND DIRECTIONS AND SEND ENOUGH MEDICATION FOR 4 DAYS.**

VACCINATIONS: I certify that my child has been vaccinated against:

Diphtheria ____ Measles ____ Polio ____ Chicken Pox ____

Mumps ____ Tetanus ____ Rubella ____ Hepatitis B ____

MEDICAL CARE/INSURANCE INFORMATION:

Name of your child's doctor _____ Phone # (____) _____

Is the camper covered by family medical insurance? ____ Yes ____ No

Name of Carrier: _____

Carrier Address: _____ Carrier Phone #: _____

Name of Insured: _____

Relationship of child to insured: _____

Group Number _____

Policy Number: _____

EMERGENCY TREATMENT RELEASE:

I hereby authorize the medical personnel chosen by Camp Susquehanna to secure and administer treatment for my child in the event of a medical emergency. This treatment may include, but may not be limited to: the administration of Tylenol for fever or generalized pain, X-Rays, routine tests and other necessary treatment, or special transportation.

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

GENERAL RELEASE:

I certify that I am the legal parent/guardian of this child and that all the information given on this application is correct and true. I also understand that while my child attends Camp Susquehanna, I am responsible for letting the camp organizers know how to reach me in an emergency. If there is an emergency, or it becomes necessary for my child to be removed from camp because of ongoing unacceptable behavior, and I or any of the other emergency contacts cannot be reached within 24 hours, the camp organizers may call the Department of Family and Children Services. This child has my permission to participate in all planned camp activities.

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

TRANSPORTATION AND TSHIRT SIZE: Please check one:

_____ My child will be transported to and from camp via private transportation.

_____ My child will be transported to and from camp via camp bus.

Pick up and drop point that is most convenient for my family is:

Philadelphia____ Scranton/Hazleton ____ Pittsburgh ____ Allentown____ Harrisburg_____

T shirt size (circle one):

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge Adult XXL

Any child with a contagious condition such as Head Lice, eggs, Conjunctivitis, (Pink Eye), etc., will not be admitted to camp. A Registered Nurse will be checking each camper upon their arrival at camp.

Mail entire completed packet (including the following release forms) to:

Camp Susquehanna
C/O Burn Prevention Network
236 North 17th Street
Allentown, PA 18104

Or email: campsusquehanna@gmail.com

Or fax: 610-402-8868

Please feel free to call with any questions or concerns that you may have.
717-945-2623.

Refreshing Mountain Camp Facility Activities Release and Waiver Form

Description of Activities

Refreshing Mountain Camp, Inc (hereafter RMC) provides structured activity opportunities for environmental education and adventure recreation. The following list, though not necessarily comprehensive, lists elements/activities that may possibly be included in the Participant's event at RMC, dependent upon the schedule arranged (either by the Sponsoring Organization or Group Leader):

A detailed description of these activities can be obtained by visiting www.refreshingmountain.com/activities.cfm or by calling 1-888-353-1490.

Challenge By Choice

Participants in events will be encouraged to participate in activities that may challenge them to push past their perceived fears and comfort, but at no time will a participant be coerced into participating in something that he/she wishes to decline. All activities are "Challenge by Choice" and at any time, a participant may choose to remove himself/herself from the activity.

Medical Concerns

Participants must be reasonably fit. Activities are designed for use by participants of at least average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, and other joint and musculo-skeletal problems and some psychological and psychiatric problems, may all increase the risks of the experience and cause the Participant to be a danger to himself/herself or others. If you are uncertain as to whether or not you are fit enough to participate, you should consult your doctor before doing so. Certain activities have weight, height, and age restrictions.

Inherent and Other Risks

Serious injuries are uncommon in these activities, but the risk of injury certainly exists, by reason of falls, contact with other participants and fixed objects, moving about the grounds on which the activities are initiated and conducted, and otherwise. A number of risks are inherent to the activities. These are risks that cannot be eliminated without changing the essential nature and educational and other values of the activities. The emotional risks range from simple hurt feelings to panic and psychological trauma (fear of heights, for example). The physical risks range from small scrapes and bruises, to bites, stings, skin rashes, broken bones, sprains, neurological damage, and in extraordinary cases, even death. The property on which these activities are located includes uneven, rocky and wooded terrain, cliffs, ravines, springs, animal's holes, and hold potentially harmful plants and animals which may bite or sting. Injuries may be a natural consequence of the activity undertaken, a consequence of structural design or failure, as a result of environmental hazards (including terrain and weather), a result of errors of judgment or other negligence of staff or participants or otherwise; and may occur in spite of the reasonable efforts of staff to prevent them.

In all such cases, these inherent risks, and other risks which may not be inherent, must be accepted by those who choose to participate.

Activity Options

Archery Campfire Canopy Tour* Canopy Tour Run*
Climbing Wall* Climbing Tower* Giant's Ladder* Giant Swing*
Group Initiatives Horse cart rides High Ropes* Low Ropes
Nature Studies Orienteering Paint Ball Challenge
Course Physical Challenge Course
Sling Shot Swimming Wobbly Log* Zip Lines*
Repelling

* indicates that this type of activity will involve safety equipment like harnesses, helmets, and fall-restraint devices, and participants will potentially be 10-60' above ground at various points of the activity.

Activities Release and Waiver Form (Side B)

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the described event(s) (as listed on Side A of this document) and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue RMC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify RMC for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OF THE RELEASED PARTIES FOR ANY INJURY RESULTING TO MYSELF, MY CHILD, OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN PLANNING OR CONDUCTING THE EVENTS.

Assumption of Risk. I am aware of the risks associated with participation in the above event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by RMC's negligence or otherwise.

Medical Emergency. I understand that RMC may not have medical personnel available at the site of the activity. I understand and agree that RMC is granted permission to authorize emergency medical treatment, if necessary. Further, I agree that RMC assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

____Camp Susquehanna____

Group Name – Printed (optional)

Participant's Printed Name & Date

Signature of Legal Father, Mother, or Guardian if participant is under the age of 18

Date

MEDICAL INFORMATION

Please list any/all of the following that may restrict participation of the individual in programming and/or activities: condition(s), illness or other injury, any allergies, any prescription medications being taken. If none, write NONE:



Camp Susquehanna Camper Release and Consent Form

Print Camper Name _____

Print Parent/Guardian Name _____

It is expressly understood and agreed that The Burn Prevention Network and Camp Susquehanna will not be responsible or legally liable for any losses of personal property or for any bodily injury, or the results thereof, incurred and suffered by the applicant in connection with any activities or programs. I am willing and desire that my child, participate in the activities at Camp Susquehanna. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as it is safe to do so in case of an emergency affecting my child (or ward).

Camp Susquehanna Photo Consent Form

I hereby authorize the Burn Prevention Network and Camp Susquehanna Volunteers to photograph my child and publish the photographs for use in promotional materials such as displays, presentations, or publications about Camp Susquehanna, or for advertising purposes, including media advertisements.

I also give my permission for news media representatives to photograph my child for publication in newspapers, or television news broadcast.

The Burn Prevention Network is hereby released for any liability that may arise from the release of the photograph and any information I have provided.

PLEASE NOTE: There will be no monetary compensation for the use of your child's photograph. Any photographs taken during Camp Susquehanna will become property of Camp Susquehanna.

Camp Susquehanna Transportation Release Form

I, hereby authorize the Burn Prevention Network and their delegates, to provide for my child's transportations to, during, and from Camp Susquehanna. (Please sign even if you are privately transporting your child to/from camp)

Signature _____ Date _____