



2018 Camp Susquehanna Camper Application

Thank you for your interest in Camp Susquehanna, a camp for children with burn injuries, and a program of the Burn Prevention Network. This year, Camp Susquehanna will be moving to a brand new venue, Camp Westmont in beautiful Poyntelle, PA!

Camp begins for campers on Wednesday June 13th, 2018 and ends on Sunday June 17th, 2018.

If you have any questions about camp, please contact Liz Hess at campsusquehanna@gmail.com. You can learn more about Camp Susquehanna at www.campsusquehanna.org.

Deadline for application: April 1st, 2018 - Leadership will be in touch by May 1st Regarding the status of your application.

SECTION A – CAMPER INFORMATION

First Name: _____ Last Name: _____

The name your child would like to be called at camp: _____

Date of Birth: ___/___/_____ Age: _____ Gender : ___Male ___Female

Home Address: _____

City /State/Province /Zip/Postal: _____

Country: _____

What grade will the camper be going to in fall of 2018? _____

What is the name of the school your child attends? _____

Phone Number: _____

T-Shirt Size:

Youth Sm Youth Med Youth Lg Adult SM Adult Med Adult Lg Adult XL Adult XXL

Has your child ever attended camp before? ___Yes ___No

If yes, Camp Susquehanna? ___Yes ___No

If they attended another camp, which camp did the child attend?

How did you hear about Camp Susquehanna? (Please list name of the individual/hospital)

SECTION B – CONTACT INFORMATION

Name of Parent/Guardian: _____

Relationship to Child: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email: _____

EMERGENCY CONTACTS:

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.

Emergency Contact #1:

Name: _____

Relationship to child: _____

Phone Number: _____

Emergency Contact #2:

Name: _____

Relationship to child: _____

Phone Number: _____

SECTION C – HEALTH HISTORY

1) Date of Burn Injury: ___/___/_____

2) Age When Burned: _____

3) Percentage of body burned: _____%

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

5) Please tell us about the circumstances of how your child got burned:

6) In what ways was your child impacted by the injury? (select all that apply)

- Loss
- Displacement
- Trauma
- Pain

Explain:

7) Will your child be wearing pressure garments at the time of camp? Yes No

- a) If yes, does your child need help to put on/remove the garments? Yes No
- b) Can your child swim with the pressure garments on? Yes No
- c) Does your child sleep with the garments on? Yes No
- d) Additional details or directions about your child's pressure garments:

8) Is it expected that your child will have open wounds/dressings at the time of camp?

Yes No

If yes, Explain:

Please send enough dressing supplies for 6 days. Please label all dressing materials with your child's name and provide relevant instructions for dressing application. There will be 2 registered burn nurses on site at all times to assist with your child's dressing needs.

9) If your child suffers from any allergies (food, medication, environmental), please list the specific allergen(s):

a) How does the allergy/allergies affect your child?

b) How is your child treated for this allergy?

10) Please answer the following questions about your child's health history with a "yes" or "no". If you answer yes, please explain.

a) Has your child had a recent illness or injury? ___Yes ___No

If yes, please explain:

b) Has your child been hospitalized for reasons other than the burn injury? ___Yes ___No

If yes, please explain:

c) Has your child been recently exposed to an infectious disease? ___Yes ___No

If yes, please explain:

d) Has your child had a head injury or been knocked unconscious? ___Yes ___No

If yes, please explain:

e) Does your child have recurring headaches? ___Yes ___No

If yes, please explain:

f) Has your child had seizures? ___Yes ___No

If yes, please explain:

g) Has your child had dizzy spells or passed out? ___Yes ___No

If yes, please explain:

h) Does your child have asthma? Yes No

If yes, please explain:

i) Does your child wet the bed?

Yes No

If yes, please explain:

11) Does your child have any additional medical problems including blood pressure problems, heart problems, or diabetes?

Yes No

If yes, please explain:

12) Please list any physical limitations that your child may have. (Unable to swim, overheats easily, etc.) If none, please write "none":

13) Is your child dealing with any recent stressors such as divorce, recent loss/death, bullying/peer problems, alcohol, drug, cigarette use, etc.?

Divorce

Recent Death/Loss

Bullying/Peer Problems

Alcohol/Drug/Cigarette Use

If yes, please explain:

14) Does your child have behavioral problems including difficulty at school? Yes No

If yes, please explain:

15) Does your child have an Individual Education Plan (IEP) and/or learning disabilities?

Yes No

If yes, please explain:

16) Has your child had any problems associated with academic performance or behavior at school/home in the past year? (Select all that apply)

- Lower Grades
- Skipping School
- Acting Out
- Other

Explain:

17) Does your child have emotional problems including attention problems, anxiety or depression?

Yes No

If yes, please explain:

18) If you answered yes to any of the above, please provide information about ongoing treatment for any problems. If none, please write "NONE".

19) Please list any fears that your child has including water, fire, dark, etc. If none, please write "none":

20) Does your child require a special diet? Yes No

If yes, please provide details:

21) Which of these words best describes your child most of the time: (Select no more than 3)

- Shy/Timid
- Leader Amongst Friends
- Self-Confident
- Follower of Others
- Enthusiastic/Happy
- Angry
- Cooperative/Helpful
- Sad/Withdrawn

22) In which areas of improvement would you like to see Camp Susquehanna help your child grow?
(Select no more than 3)

- Comfort with scars
- Trying new things
- Making new friends
- Becoming more adventurous
- Learning to live as part of a community
- Learning Responsibility
- Other : _____

23) List activities/programs in which your child has participated this year:
(Scouts, sports, clubs, etc.)

24) Does your child have: (select the choice that most closely describes your child)

- One special friend
- A variety of friends but no particular friend
- Both a close friend and a large number of acquaintances
- Difficulty making close friends

25) Have friendship patterns or interactions with peers changed since the burn injury?

Yes No

If yes, please explain:

26) Does Camper have a history of verbal or physical aggression, destructive or self-injurious behavior? If so, please describe the circumstances, frequency and how long it's been since you have seen this behavior

Medications

Please list the names and dosages of any medications your child takes as well as directions for when it should be taken and any other special instructions. Please be sure to label your child's medications with their name and directions and send enough medication for 5 days (If none, please write "none"):

Please give permission (by checking each line) for camp nurses to administer the following OTC medications at the appropriate dosage for your child as necessary:

Ibuprofen Acetamiophen Benadryl

Signature _____

SECTION D – VACCINATION RECORDS

Please list dates vaccinations were given, as applicable.

Diphtheria, tetanus, pertussis (DTaP)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ DOSE 4 ____ DOSE 5 ____ Not received

Tetanus Booster (Tdap)

____ DOSE 1 ____ Not received

Measles, mumps, rubella (MMR)

____ DOSE 1 ____ DOSE 2 ____ Not received

Polio (IPV)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ DOSE 4 ____ Not received

Haemophilus influenzae type B (Hib)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ DOSE 4 ____ Not received

Pneumococcal (PCV)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ DOSE 4 ____ Not received

Hepatitis A (HepA)

____ DOSE 1 ____ DOSE 2 ____ Not received

Hepatitis B (HepB)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ Not received

Varicella (Chicken Pox)

____ DOSE 1 ____ DOSE 2 ____ Not received

Meningococcal (MenHibrix or Menactra or Menveo)

____ DOSE 1 ____ DOSE 2 ____ Not received

Seasonal Influenza

____ DOSE 1 ____ Not received

Human Papillomavirus (HPV)

____ DOSE 1 ____ DOSE 2 ____ DOSE 3 ____ Not received

Tuberculosis (TB) Test

____ Date Tested ____ Positive ____ Negative ____ Not tested

SECTION E – INSURANCE INFORMATION

Insurance Carrier: _____

Carrier's Address: _____

Carrier's Phone Number: _____

Name of Insured: _____

Relationship of child to insured: _____

Group Number: _____

Policy Number: _____

I do not have insurance.

SECTION F – TRANSPORTATION

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

Pittsburgh

Allentown

Philadelphia

Lewisburg

Scranton/Hazleton

My child will not be riding a bus

SECTION G - CONSENTS & WAIVERS:

Please read each section carefully and sign.



Description of Activities

Camp Susquehanna provides structured activity opportunities for environmental education and adventure recreation. The following list, though not necessarily comprehensive, lists elements/activities that may be included in the Camper's experience at Camp Susquehanna, dependent upon the schedule arranged.

Activity Options

Kayaking, canoeing, paddle boarding, paddle boating, water slides, pool, water skiing, water tubing, zip lines*, climbing tower, high and low ropes*, go carts, deck hockey, volleyball, fitness center, fishing, Wiffle® ball, kickball

* 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.

Challenge by Choice

Campers 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 Camper be coerced into participating in something that he/she wishes to decline. All activities are "Challenge by Choice" and at any time, a Camper may choose to remove himself/herself from the activity.

Medical Concerns

Campers must be reasonably fit. Activities are designed for use by persons 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 Camper to be a danger to himself/herself or others. If

you are uncertain as to whether or not the Camper is fit enough to participate, you should consult a doctor before doing so. Certain activities have weight, height, and age restriction

2018 TERMS AND CONDITIONS

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

1. **RULES AND REGULATIONS:** These Terms and Conditions define the relationship between, on the one hand, you and your child, and on the other, Camp Susquehanna and The Burn Prevention Network (hereinafter collectively referred to as "Camp"). The camper ("Camper") and Camper's Parents/Guardians (individually and collectively "Parent") accept these Terms and Conditions and agree to abide by all of the rules and regulations established by Camp including, without limitation, those relating to enrollment, withdrawal and visitation of Campers.
2. **CONSIDERATION:** Parent acknowledges the personal benefits accruing to Camper and Parent by reason of Camper's participation in the described event(s) and the sufficiency of the value therein and other good and valuable consideration in exchange for the promises herein.
3. **DISMISSAL OF CAMPER:** The Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or to fellow campers, or who violates Camp rules and regulations.
4. **MEDICAL CARE:** Routine medical care, including but not limited to the provision of "first aid" and the administration of over the counter medications for fever, generalized pain or minor allergic reaction may be provided by the Camp health care staff. Parent understands that Camp may not have medical personnel available at Camp site at all times and grants Camp permission to authorize medical treatment (including dental and orthodontic) outside of Camp, by medical personnel of Camp's choosing, should the Camp director(s) ("Director") deem such treatment immediately necessary for Camper's well-being. Should it be necessary for the well-being of the Camper to use outside medical care or if any special medications must be ordered, all expenses involved will be paid by Parent. In addition, any dental, orthodontic, or optical work will be paid by Parent.
5. **CAMPER MEDICAL INFORMATION:** Parent shall complete the Camper Medical Information Questionnaire prior to, or at the time of Camper registration. Parent must inform the Director prior to registration if Camper has received professional counseling or medication for behavioral modification during the last 12 months. Parent must also inform Director immediately if such care or medication occurs after registration and prior to the camp season. Failure to so inform Director may lead to dismissal of Camper from Camp.
6. **RELEASE AND WAIVER OF CLAIMS AND LIABILITY:** As a condition of the Camper being admitted to the Camp, the Parent on Camper's behalf, on Parent's own behalf, and on behalf of Parent's spouse, and the heirs, personal representatives, or assigns of each, in consideration of such

benefits and other good and valuable consideration received by Camper and Parent, hereby holds harmless and releases the Camp, its owners, directors, officers, employees, and agents from any and all damages, claims, causes of action and liability, whether brought by Parent, Camper, or any third party on their behalf, for personal injury or property damage which results in any way from the operations of the Camp, activities in which the Camper participates at the Camp, or in conjunction with the Camp, or the conditions on or about the Camp premises or in any place where the Camper participates in Camp activities, or Camp's authorization of the provision of medical care to Camper in accordance with Paragraph 4. Parent agrees to indemnify Camp for any such claims brought by Parent, by Camper, or a third party on their behalf from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

7. PERMISSION TO PARTICIPATE: Parent has reviewed and understands the Camp Activities and grants Camper permission to participate in all Camp programs and activities, excursions, and special outings, and understands that accidents and injuries may occur in the natural course of participation in such activities and Parent, on behalf of Parent and Camper, assumes full responsibility for any such accidents, injuries or similar risks. Parent understands that physical activities are an integral part of the Camp program and gives permission to the Camp to permit Camper to participate in these programs. Parent grants Camp permission to drive Camper on public transportation or by a licensed driver for such purposes and for transportation of Camper to, during, and from Camp.
8. IMAGES, ETC: Permission is hereby given (a) for Camp to use in promoting and marketing the Camp and in other ventures directly relating to the Camp (i) digital, photographic, video, and audio images or likenesses of Camper; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from a Camp related activity, and (b) for news media representatives to photograph my child for publication in newspapers, or television news broadcast.
9. BELONGINGS: The Camp is not responsible for Camper's belongings or equipment while in transit or at Camp.
10. SEVERABILITY: Camper and Parent expressly agree that the provisions contained within these Terms and Conditions are intended to be as broad and inclusive as permitted by applicable law and that if any portion of the Terms and Conditions are held invalid, it is agreed that the balance of the agreement, including the remaining Terms and Conditions, shall, notwithstanding, continue in full force and effect.
11. INTEGRATION: Parent on behalf of Parent and Camper affirms that this agreement supersedes any and all previous oral or written promises or agreements. Parent understands this is the entire agreement between the parties and cannot be modified or changed in any way by representations or statements made by any agent or employee of Camp. This agreement may only be amended by a written document duly executed by all parties.

12. **EFFECTIVE DATE:** This agreement of the parties shall take effect and become binding when (a) signed by Parent, (b) returned to Camp, and (c) accepted by Camp, which shall be deemed to occur at the latest when the Camper is permitted to begin attending the Camp.

13. **DISPUTES:** To the extent any restriction herein on filing lawsuits is deemed unlawful, Parent agrees to submit any claims to a conciliation/mediation organization for binding resolution. The foregoing notwithstanding any and all claims, lawsuits, disputes or causes of action of any kind or nature, whether arising in law or in equity, not so resolved, asserted by Camper or Parent against the Camp and arising from or related to these Terms and Conditions or from the Camper's attendance at Camp shall be brought and maintained exclusively in the state or federal courts of the Commonwealth of Pennsylvania, and Parent and Camper expressly submit to the jurisdiction of such courts. The substantive law of the Commonwealth of Pennsylvania will govern such disputes without regard to conflict of law rules.

14. Any child with a contagious condition at the start of camp (such as head lice/eggs, conjunctivitis (pink eye), etc. will not be admitted to camp. A registered nurse will be checking each camper upon arrival at camp.

Acknowledging that I have read, understand and agree to be bound by the foregoing:

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 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). I further 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.

I Verify that everything in this application is true to the best of my knowledge.

PARENT/GUARDIAN

Printed Name

Camper Name

Signature

Date