



Registration

What we need to know to get ready for camp

CAMPER

Last Name _____ First Name _____

Male/Female _____ Birth date _____ Age _____

Grade (this fall) _____ Camper's email: _____

Weight _____ Height _____ Shirt size: _____

FAMILY CONTACT INFORMATION:

Parent/Guardian #1: Last Name _____ First Name _____

Phone Number: _____

Parent/Guardian #2: Last Name _____ First Name _____

Phone Number: _____

Address: _____

CITY _____ STATE _____ ZIP _____

Parent's Email Address: _____

Emergency Contact: _____ Phone Number: _____

LIMB DIFFERENCE INFORMATION:

- Hand
- Above Knee
- Above Elbow
- Shoulder
- Forequarter
- Symes
- Below Knee
- Below Elbow
- Hip
- Hemi

- Left
- Right
- Bilateral
- Trimembral
- Quadrimembral
- Other _____

CAUSE:

- Cancer
- Trauma
- Congenital Please Specify _____
- Other Please Specify _____
- Diabetes
- Vascular

CAMPER NAME: _____

ALLERGIES

Allergy	Reaction	Treatment

MEDICATIONS:

Current Medications (Please list and bring EPIPEN if your child needs one in the event of an allergic reaction)

MEDICATION(S)	DOSE	ROUTE	TIMES
1.			
2.			
3.			
4.			
5.			
6.			

Can your child swallow pills? yes no

Over-The-Counter Meds: If the camper becomes ill at camp may the nurse administer age-appropriate over-the-counter medications (i.e. acetaminophen, ibuprofen, cough syrup, antihistamines, upset stomach medications)?

Yes No Yes, but please see exceptions below

Please list any common medications brands/types that **SHOULD NOT** be administered to your child:

Special Dietary Needs: (Please explain any special diet your child may have)

DAILY LIVING

Needs assistance with:

If you checked any of the above, please explain, in detail what assistance will be needed:

Other: Any other information that would be helpful to make the camp experience positive:

CAMPER NAME: _____

ASSISTIVE DEVICES:

Please specify what, if any, devices your camper is bringing to assist them this week:

Crutches Prosthesis Wheelchair Other _____

Additional Info that we should know or would be helpful:

SWIMMING ABILITY: Non-Swimmer Beginner Intermediate Advanced

HEALTH INFORMATION

PLEASE SPECIFY ANY PERTINENT MEDICAL HISTORY (ILLNESSES OR INJURIES):

PHYSICIAN: _____

Phone _____

Health Insurance: _____

Phone: _____

Policy No.: _____

Group: _____

DENTIST: _____

Phone: _____

Dental Insurance: _____

Phone: _____

Policy No.: _____

In the event of injury or illness to my child, I hereby grant authority to a qualified medical professional to render such medical treatment as deemed necessary under the circumstance and to preserve the life, limb or well-being of above named camper.

PARENT/GUARDIAN (signature)

PARENT/GUARDIAN (print name)

DATE

CAMPER NAME: _____

Please initial each point then sign at the bottom:

1. _____ Parent Consent: I specifically consent that the above named child may participate in activities offered by Camp STAR, including but not limited to camping, boating, swimming, hiking and sports events. I have specified below any items to which I do not give consent for participation.

I certify that the above named child has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the child can swim).

I specifically do not want the above named child to participate in the following activities (if none, please indicate):

As parent or legal guardian of the above named camper, I hereby certify that the applicant will not attend camp if any illness at the opening day of camp should be harmful to him/her or others. Having confidence that the staff in charge will exercise diligence for the safety of the campers, I hereby authorized the camp administration to allow the applicant to accompany other campers on trips away from the grounds on organized activities. I understand that the camper may be sent home as a result of misbehavior or violation of camp policies.

2. _____ Liability Release (For parents, guardians, staff and counselors)

The undersigned parent, legal guardian, close relative or participant acknowledges that even though every effort is made to promote a safe, accident-free environment, incidents may occur. In consideration for being accepted to participate in this camp sponsored by and/or affiliated with Children's Hospital of Pittsburgh of UPMC, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless Children's Hospital of Pittsburgh of UPMC, its directors, officers, volunteers, agents or employees from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the camp.

Furthermore, we/I (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any camp activities, transportation, or fieldtrips involved therein. Further, authorization and permission is hereby given to said camp organization to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify Children's Hospital of Pittsburgh of UPMC, its directors, employees, volunteers, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

3. _____ Photo/Video Release: I consent to having my child video/audio recorded and/or photographed for use by Children's Hospital of Pittsburgh of UPMC's Community Outreach Program, which may include, but not limited to, the following: Camp STAR brochure, distribution to other campers, use for print or news broadcasts about Camp STAR. I have been informed that my child may be identifiable in these photographs/video and the date and location where the filming/photography took place, but no other identifiable information such as name or age will appear in any text accompanying the video/photos without my prior consent. I release and hold Children's Hospital of Pittsburgh of UPMC, its directors, employees, volunteers, and agents, free from any liability that may arise as a result of my giving permission for the above described use.

4. _____ I certify that all information in this registration application is accurate and complete.

PARENT/GUARDIAN (signature)

PARENT/GUARDIAN (print name)

DATE