



## *Camp Open Arms 2010: July 12-23*

Dear Parents and Guardians,

Believe it or not summer is coming to Rochester!!

Enclosed are the camper applications, camper rules, release forms and the medical forms. In order to avoid past problems we had with many of the forms being returned very late, we are sending you the applications earlier. We have set a firm deadline for their return.

### **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 2<sup>nd</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.

### **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. No child will be allowed to attend camp if we do not have this signed form on record. If you have any questions about these rules, please call. Again, this is being done to promote a safe and fun-filled camp experience for all the children.

### **Release Forms**

There are four release forms, fill out one for each child you are sending to camp. They are Gymnastics Training Center, Bay Creek Paddling, Penfield Swimming Pool and the publicity release form. Group I (ages 3-5) parents; please use the pool release form as permission for your child to use the wading pools we set up at camp since they do not go to the Penfield pool.

### **Camp Shirts**

Each camper will be given one camp shirt. Additional shirts can be purchased at \$10.00 which needs to be paid at time of application. Please note, we are now asking for 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*

**CONFIDENTIAL INFORMATION**  
**CAMP OPEN ARMS 2010**  
**CAMPER APPLICATION**  
**July 12<sup>th</sup> -23<sup>rd</sup>**  
**Ages 3 to 14 YEARS**

**THIS FORM MUST BE COMPLETELY  
FILLED OUT BEFORE THE CAMPER  
CAN BE ADMITTED TO CAMP**

**Please Print (Pen Only) or Type**

1. Camper's Name \_\_\_\_\_ Sex: Male Female  
D.O.B: \_\_\_/\_\_\_/\_\_\_ Age at time of camp \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Parent's Email: \_\_\_\_\_
2. Father's Name \_\_\_\_\_  
Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_  
Guardian's Name \_\_\_\_\_ Phone( ) \_\_\_\_\_
3. Person to call in case of emergency if parent/guardian cannot be reached:  
Name: \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
4. Name of pediatrician: \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Name of dentist/orthodontist: \_\_\_\_\_ Phone( ) \_\_\_\_\_
5. Do you carry family medical/hospital insurance?  
If so, indicate carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_
6. **Health History to be completed by parent/guardian.**  
Cancer (Type & Date of diagnosis): \_\_\_\_\_  
Sickle Cell Anemia trait or disease: \_\_\_\_\_  
Other Blood related disease: \_\_\_\_\_  
If the above three do not apply to you, please briefly explain your connection to Camp Open Arms:  
\_\_\_\_\_  
Vision Problems Yes No Explain: \_\_\_\_\_  
Hearing Problems Yes No Explain: \_\_\_\_\_  
Asthma Yes No Explain: \_\_\_\_\_  
Diabetes Yes No Explain: \_\_\_\_\_  
Seizures Yes No Explain: \_\_\_\_\_  
Learning Disabilities Yes No Explain: \_\_\_\_\_  
Special Diet Yes No Explain: \_\_\_\_\_  
Emotional/Behavioral Issues Yes No Explain: \_\_\_\_\_  
Allergies (Food, Medication, or Insects) Yes No If yes, does the allergy require medication?  
Explain: \_\_\_\_\_  
\*If Epi-pen is needed, send with child the first day of Camp. Child will not be allowed at Camp without Epi-pen  
Other Medical concerns: \_\_\_\_\_

**7. Physical restrictions or limitations to:**

Strenuous activities? Yes No Explain: \_\_\_\_\_

Swimming/diving? Yes No Explain: \_\_\_\_\_

Exposure to sunlight? Yes No Explain: \_\_\_\_\_

Exposure to hot/cold temperatures? Yes No Explain: \_\_\_\_\_

Are there any activities your child will not be able to do because of limitations ex. swimming? Yes No Explain: \_\_\_\_\_

**8. Is your child *currently* receiving Chemotherapy or Radiation?** Yes No

Explain: \_\_\_\_\_

- 9. Does your child *currently* have:**
- 1. Low White Count Yes No
  - 2. Low Hematocrit Yes No
  - 3. Low Platelets Yes No

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

Drug	Dosage	Time of Administration	To be administered at camp?		Comments
			(Please Circle)		
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

(Please attach additional paper if necessary)

**\*If you are bringing a prescription 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 name of the child, name of the medication, dosage, and 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.**

**11. 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.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

**PLEASE DOUBLE CHECK BEFORE MAILING:**

- Completed camper application is enclosed.
- Medical form completed by healthcare professional is enclosed.
- Complete and signed release forms are enclosed.
- Signed camper rules are enclosed.

**Call (585) 423-9700 with questions.**

**PHYSICAL EXAMINATION (TO BE COMPLETED BY HEALTHCARE PROFESSIONAL)**  
**CAMP OPEN ARMS 2010**  
**EXAM MUST BE WITHIN ONE YEAR OF LAST PHYSICAL**  
**PLEASE RETURN BY June 2<sup>nd</sup>**

**Please return to:**  
 Mary Casselman/  
 Kayleigh Nutting  
 C/O Camp Open Arms  
 Gilda's Club  
 255 Alexander Street  
 Rochester, NY 14607  
 FAX: (585) 423-9072

Camper Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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 No

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

Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of BayCreek Paddling Center, Inc., their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "B.P.C."), I hereby agree to release and discharge B.P.C., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities, such as canoeing, kayaking, hiking, camping and travel to and from locations, entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, B.P.C. employees have difficult jobs to perform. They strive to assure safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They might cause or be involved in a traffic accident while transporting you. They might give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless B.P.C. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of B.P.C.'s equipment or facilities, including any such Claims which allege negligent acts or omissions of B.P.C.
4. Should B.P.C. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against B.P.C., I agree to do so solely in the state of New York, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By signing this document, I acknowledge that if I or anyone else is hurt or property is lost or damage during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against B.P.C. on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Paddler #1

Paddler #2

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If under age of 18, parent or guardian must sign. Date \_\_\_\_\_

If under age of 18, parent or guardian must sign. Date \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Paddler #3

Paddler #4

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If under age of 18, parent or guardian must sign. Date \_\_\_\_\_

If under age of 18, parent or guardian must sign. Date \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

(PLEASE PRINT)

**Recreation Registration Form**

(\*Fill out form completely including signature\*)

PARTICIPANT NAME \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Ext \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Resident of Penfield or Penfield School Dist.
Yes No

If Participant Under The Age of 18, Please Complete The Following Shaded Area:

PARENT NAME	DAY PHONE	RELATIONSHIP (Mom/Dad)
2ND PARENT NAME	DAY PHONE	RELATIONSHIP
SCHOOL THAT CHILD IS ATTENDING	GRADE	

Please list all courses which you wish to register for:

Program Name (First Choice)	Course # (including section)	Program Fee	IF COURSE IS FULL, YOUR 2ND CHOICE
1) <u>Open Swim</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>
2) <u>Camp Open</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>
3) <u>Arms</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>	\$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**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 X

(PARENT/GUARDIAN/SELF (IF OVER 18))

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

Check payable to:  
"Penfield Recreation"



VISA / MC / DISC Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Account # \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Authorized Signature \_\_\_\_\_

PENFIELD RECREATION, 1985 BAIRD ROAD, PENFIELD NY 14526 - 585-340-8655

USA Gymnastics Member Club  
Gymnastic Training Center of Rochester, Inc.  
Waiver and Release Form

We, the staff of Gymnastic Training Center, hereinafter referred to as "GTC", recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Activities involving motion have inherent risks! Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The USA Gymnastics (USAG) and GTC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals mentioned above.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by GTC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against USA Gymnastics and the GTC and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. GTC will only warn the child through "Safety Messages" and our teaching style and progressions.

I HAVE READ AND UNDERSTOOD the above and the "Safety Rules" on the other side of this sheet.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us? Word of Mouth \_\_\_ Yellow Pages \_\_\_ Newspaper Ad \_\_\_ Website \_\_\_  
Magazine Ad \_\_\_ Theater Slide \_\_\_ Television Commercial \_\_\_ Mailing \_\_\_ Other \_\_\_\_\_

email address: \_\_\_\_\_ to receive updates, class schedules, newsletters and store sales info.

STUDENT INFORMATION				
1)	_____ FIRST NAME	_____ LAST NAME	____/____/____ BIRTHDATE	M or F _____ SEX CLASS
2)	_____ FIRST NAME	_____ LAST NAME	____/____/____ BIRTHDATE	M or F _____ SEX CLASS
3)	_____ FIRST NAME	_____ LAST NAME	____/____/____ BIRTHDATE	M or F _____ SEX CLASS

  

HOME ADDRESS & PHONE	CONTACT PERSONS
Street Address _____	Father's Name _____ (____) _____ Cell or Business Phone
City _____ State _____	Mother's Name _____ (____) _____ Cell or Business Phone
Zip Code _____ (____) _____ Phone	Emergency Contact _____ (____) _____ Phone

*Safety First, Second, and Always!*



## 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 and the media 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)
- I would also be willing to share my story at a future date and / or serve as a resource for Gilda's Club public awareness efforts.

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone (      ) \_\_\_\_\_ (not for release)

**GILDA'S CLUB APPRECIATES YOUR HELP AND COOPERATION!**

# 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