



March 2010

Dear *Camp Open Arms* Counselor,

We are looking forward to another great year at *Camp Open Arms* this July 12th- 23rd!! We hope you will be able to join us this year. You make the difference for our campers.

Your application, medical forms, camp guidelines/rules and permission slips for some of the activities are enclosed. Please look over these papers carefully and return them no later than May 21st.

This year we will be based at **Charles Finney School** in Penfield.

There will be an orientation for new counselors. The date and time are not yet set. We will keep you informed, once we receive your application.

For all counselors, new and returning, there will be a mandatory meeting on July 12th, the first day of camp, at 8am. It is especially important that you attend this meeting since we will be going over medical and camp information. We will also review the camp rules and schedule at that time. If you have any questions, please call or email Kayleigh Nutting at (585)423-9700 or knutting@gildasclubrochester.org.

This year's volunteer recognition event is Friday, April 30th at the Gilda's Clubhouse at 5:30 p.m. Don't forget to RSVP!

Sincerely,

Mike Walker
Camp Director

Mary Casselman
Camp Director

Kathleen Albertini
Immediate Past President
Katherine Lomogio
Trainer
Sandra DiLuigio
Secretary
Debbie Bastow
Vice President Assessment
Carmen Signorino, L.M.S.W.
Vice President Development
Joanna Grossodonia
Vice President Planning
Mark Geiser
Executive Directors
Beverly Brooks
Veronica M. Lee

DIRECTORS
Karla Baxter
Ann Colantuoto
Kevin Doran
Diane Ewing
Kevin Foy
Richard Gleason
Frank Hagelberg
Catherine Mullen
Brian O'Connor
James Pronti
Mike Rockwell
Judith Seil
Claire Stieg
Dennis Wake
Candace Walters

MEDICAL RESOURCE COUNCIL
Joy Anderson, M.D.
Cynthia Angel, M.D.
Robert Asbury, M.D.
Barbara Asselin, M.D.
John Bennett, M.D.
Steven Bernstein, M.D.
Chris Caldwell, M.D.
Louis Constine, M.D.
Stephen E. Etinghausen, M.D.
Dr. Fathataziz
James Fatten, M.D.
Jonathan Friedberg, M.D.
Alok Khorana, M.D.
David Korones, M.D.
Jane Liesveld, M.D.
Marilyn Ling, M.D.
Catherine Lyons, R.N., M.S., C.N.A.A.
Ellie Mayer, L.M.S.W.
Kevin Mudd, M.D.
Therese O'Connor, A.C.B.S.W.
Kishan Pandya, M.D.
Mary Parke Manning, M.D.
Pradyumna Phatak, M.D.
Raman Qazi, M.D.
Deepak Sahasrabudhe, M.D.
O.J. Sahler, M.D.
Ronald Sham, M.D.
Carmen Signorino, L.M.S.W.
Linda Slivowski, R.N., M.S.
Julia Smith, M.D.
Sidney Sobel, M.D., FACR
Hannah Solky, M.D.
Susan Vetter, L.M.S.W.
Fay Young, M.D.

ADVISORY BOARD
Kim Bierworth
Alyse Brovitz
Diane Ferguson-Allen
Richard Funke
Katherine Lomogio
Richard McGlynn
James Mills
Nancy Rice, L.M.S.W.
Pamela Sherman
Lou Sortino
Steve Stello
John Sturge
Judith Sturge

COUNSELOR HEALTH HISTORY

Important: Please indicate if you have been exposed to any communicable disease during three weeks prior to camp attendance. **(Especially Chicken Pox or Shingles – If exposed you CANNOT attend camp.)**

New York State Department of Health requires that all health information be completed to the best of your knowledge. We are required to have this information on hand in case of an emergency. Thank you.

IMMUNIZATION HISTORY:

1. Tetnus Shot Date: _____
2. Tuberculin Test Date: _____
3. H1N1 Vaccine Date: _____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Medical/Hospital insurance carrier and policy or group number # _____

Current Medications _____

Physical Handicap _____

Food/Drug Allergies (please list) _____

IN THE EVENT OF AN EMERGENCY:

I hereby give permission to the physician/nurse practitioner selected by the Camp Health Director to order X-rays, routine tests, and treatment, and to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me.

Signature of Applicant _____ Date _____

PLEASE CIRCLE DATES YOU WILL BE AVAILABLE TO HELP AT CAMP:

First Week

July 12, 13, 14, 15, 16

8:30 a.m. to 3:00 p.m.

Second Week

July 19, 20, 21, 22, 23

**NEW COUNSELORS WILL BE CONTACTED FOR AN INTERVIEW
& JUNE TRAINING SESSION.**

MAIL IN DEADLINE May 21, 2010

**RETURN TO: Gilda's Club/ Camp Open Arms
Attn: Mary Casselman & Kayleigh Nutting
255 Alexander Street
Rochester, NY 14607
Fax: 585-423-9072**

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 _____

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

(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 _____	

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

HOME ADDRESS & PHONE	
Street Address _____	
City _____	State _____
Zip Code _____	Phone (____) _____

CONTACT PERSONS	
Father's Name _____	(____) _____ Cell or Business Phone
Mother's Name _____	(____) _____ Cell or Business Phone
Emergency Contact _____	(____) _____ Phone

Safety First, Second, and Always!



An Affiliate of the
CANCER SUPPORT COMMUNITY

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 COUNSELOR RULES

Camp Open Arms strives to create a safe environment for campers to build comradery, provide support and enjoy summer recreational activities. Remember the focus of the camp is on the CAMPER and enhancing their camping experience. To accomplish this, the following rules are expected to be followed by all campers and counselors:

- Exhibit behavior that promotes a safe experience for all campers.
- Be respectful of others
- Must wear appropriate dress including the 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 head counselors and Camp Directors
- Do not carry campers unless the camper is ill and needs medical attention
- Stay with your group and assigned campers
- Assigned campers must be with you at all times or arrangements made for the camper to be supervised by another counselor with permission of head counselor
- Discuss any problems you may have with a camper or another counselor with the group's head counselor

Failure to follow any of the rules above or other unacceptable behavior may result in the counselor's dismissal from camp.

I have read, understand and agree to follow the rules above.

Counselor signature