



Camp Ronald McDonald for Good Times®

1954 Cotner Avenue, Los Angeles, CA 90025

www.campronaldmcdonald.org

Phone (310) 268-8488

Fax (310) 473-3338

Toll Free (800) 625-7295

This application is available to any child who is being or has been treated for cancer and their siblings without regard to race, color, gender, religion or national origin. Final acceptance into Camp shall be determined after thorough review of expected medical and behavioral condition at the time of session.

NEW APPLICATION IS NEEDED TO REGISTER FOR EACH SESSION

Camper's First Name _____ Last Name _____ Male Female

Nickname _____ Age _____ Date of Birth ____/____/____ Grade in School _____

Address _____ Home Phone (____) _____

City _____ State ____ Zip Code _____ Cell Phone (____) _____

2008 SUMMER CAMP - Pick a session and pick up location

Session	Ages	Los Angeles	Loma Linda	Long Beach	Orange	Ventura	Camp
<input type="checkbox"/> June 25 – July 1	Ages 9-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> July 8- 14	Ages 9-18	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> July 20-26	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> August 2-8	Ages 9-18	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> August 14-20	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> August 26-Sept 1	Ages 9-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

FAMILY CONTACT(S):

Mother's/Guardian's Name _____

Father's/Guardian's Name _____

Cell Phone (____) _____

Cell Phone (____) _____

Address (if different from camper) _____

Address (if different from camper) _____

Employed by _____

Employed by _____

Work Phone (____) _____

Work Phone (____) _____

Email _____

Email _____

Child lives with: _____ If child does not live with both parents, who has legal custody? _____

EMERGENCY CONTACT(S) Person to be contacted in case of an emergency ONLY IF PARENT(S) CANNOT BE REACHED

Name _____ Relationship to Child _____

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to Child _____

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

RELEASE AUTHORIZATION: In order to safely care for your child from the beginning to the end of their Camp stay, please list any person authorized to pick-up your child other than parent or legal guardian. Authorized person must be at least 18 years of age.

Name _____ Relationship to Child _____

Work Phone (____) _____ Home Phone (____) _____ Cell Phone (____) _____

OPTIONAL: To help us to continue to provide cost-free camp sessions for children with cancer and their family members, we ask that you answer the following questions. This information is to be used for our funding purposes only and will not determine your child's ability to attend Camp Ronald McDonald for Good Times.

Family Ethnicity: African-American Asian Caucasian Latino Middle Eastern Other

of people in household: _____

Range of Family Income: \$18,888-\$25,325 \$25,326-\$31,763 \$31,764-\$38,201 \$38,202-\$44,639
 \$44,640-\$51,077 \$51,078-\$57,515 \$57,516-\$63,953 \$63,954 and above

Name of Camper: _____

CAMPER INFORMATION

The questions below are important to help support your camper's transition into our camp community. The information on this page is shared with your camper's counselors. We appreciate your time in completing this section.

Male Female Date of Birth ____/____/____ Age ____ Has child ever slept away from home? Yes No

Please list names and ages of camper's brothers and sisters: _____

Has child attended Camp Ronald McDonald for Good Times Camps before? Yes No

How does child feel about going to Camp? / _____ / _____ / _____ / _____ / _____ /
Resistant/nervous/scared *Okay* *Excited/ can't wait!*

Any hopes, misgivings, fears, etc.? _____

What are your child's strengths? _____

What areas does your child feel the greatest sense of accomplishment? _____

In addition to having FUN, what do you especially hope your child will get out of the camp experience? (Check all that apply)

- Taking care of him/herself
- Feeling good about him/herself
- Learning to make friends
- Being part of a group
- Helping others
- Solving problems
- Being a leader
- Being more independent
- Trying something new
- Other _____

Please rate your child's level of self-confidence: / _____ / _____ / _____ / _____ /
Low *Average* *High*

What regular duties or responsibilities does child have at home? _____

Is there anything your child's counselors should know that will make your child's adjustment smoother (i.e. camper's way of handling anger, frustration, etc.)? _____

What additional suggestions do you have for your child's cabin counselor? _____

What does your child like to do in his/her spare time? _____

Does your child get excited to interact with kids his/her age? At School? Yes No In other activities? Yes No

Describe _____

Does your child have a hard time playing with kids he/she does not know already? Yes No

Please describe those challenges _____

Is your child usually with children his/her own age or older or younger? _____

Can your child swim? Yes No Does your child require a full-time attendant to help in the water? Yes No

Does your child have any dietary restrictions and/or special food requirements? _____

Is there anything else you would like your child's Counselor to know? _____

Name of Camper: _____

CAMPER HEALTH HISTORY (To be filled out by Parent or Guardian)

IMMUNIZATION HISTORY:
Please attach a copy of camper's most current immunization record including the date of last tetanus shot.

FOR ONCOLOGY PATIENTS:

Diagnosis _____

Does child have a portacath? Yes No

Does child have a central venous catheter (Hickman or Broviac catheter or PICC)? Yes No

Will the camper need help with heparin flushes/ dressing changes? Yes No

Are there other special needs your child has that the nursing/medical staff should know about? (i.e. shunt, G-tube, TPN, ostomy)

FOR ALL CAMPERS (Patient and Siblings):

HEALTH HISTORY: Please describe and give approximate dates if applicable.

Camper's Weight _____

Camper's Height _____

- Asthma _____
- Chicken Pox _____
- Diabetes _____
- Hay Fever _____

- Allergies to Insect Stings _____
- Severe Food Allergies _____
- Seizures _____
- Other _____

Recent operations or serious injuries: _____

Describe any physical disability and/or physical limitations: _____

Does your child use any special equipment such as wheelchair, prosthesis, crutches, walker or shower chair? Yes No

Describe _____

If female, has child begun her menstrual period? Yes No

BEHAVIOR:

Please check if your child has been diagnosed with:

ADD ADHD Other (i.e. Depression, Bipolar Disorder) _____

If yes, has medication been prescribed? Yes No

If so, please list medication(s): _____

Is your child currently taking these medications? Yes No

What is the best way for us to support your child when he/she is having a difficult time? _____

MEDICATIONS (To Be Completed by Parent or Guardian): Is child off all medications? Yes No

NOTE: Please be sure to send all medications, supplies, equipment and instructions with child to Camp. Medications must be in their original bottles.

Medication Name	Dose	Day(s) of Week	Time of Day to be Given	Other Instructions
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> Other	

CAMPER EXPECTATIONS

In order for Camp to be safe, fun and enjoyable for everyone, there are expectations of how campers behave in our community. At Camp we expect that everyone, contributes to an emotionally safe environment, contributes to a physically safe environment and respects camp facilities and equipment. To further illustrate our expectations of our camper(s) we have provided a sample list below.

Contributes to an emotionally safe environment

- Each camper must treat everyone else at camp with respect and consideration.
- Camp will not tolerate intimidation, verbal or physical abuse, or destruction of property.
- Cussing, swearing and foul language is not necessary or acceptable at camp.
- Physical, sexual or suggestive behavior is not appropriate or acceptable at camp.
- Camp is an experience in group living. For camp to run successfully, everyone must cooperate by following cabin rules.

Contributes to a physically safe environment

- Cooperate and help out with daily chores (cabin clean-up, activity clean-up, cooking on overnights, packing and unloading).
- Alcoholic beverages, illegal drugs, smoking or tobacco products are not allowed at camp.
- Guns, knives, sling shots, fireworks or any other kinds of weapons are not allowed at camp.

Respects camp facilities and equipment

- Camp equipment is used appropriately.
- Drawing or writing on camp facilities such as bunk beds, carpet, and bathroom walls is unacceptable.

If at any time during camp these expectations are broken or the Camp Directors feel that a camper's behavior takes away from a positive camping experience, the parent(s) or guardian will be notified and will be required to pick up their child from camp immediately at their own expense. We have read, discussed and understand the camper expectations.

➔ Camper's Signature: _____ ➔ Parent/Guardian Signature: _____

CONDITIONS OF ENROLLMENT

The well being of each camper is of paramount importance to the staff of Camp Ronald McDonald for Good Times. The following acknowledgment and release is both a requirement of insurance coverage and an important reminder to you as a parent or to be sure that your child is properly prepared.

1. I understand the programs offered through Camp Ronald McDonald for Good Times (CRMfGT) may take place in a wilderness environment and may include but is not limited to the following potentially hazardous activities: Hiking, camping, environmental education, swimming, initiative activities, high/low ropes course events, bouldering, horseback riding, sleep-outs backpacking and transportation. These potentially hazardous activities can cause personal injury, property damage, death or illness.

I understand that Camp Ronald McDonald for Good Times does not require that I, or my child participate in the camp experience. In recognition of the potentially hazardous nature of participation, I, or my child, my heirs and assigns, hereby release and discharge Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California (RMHCSC) and their directors, trustees, employees and staff from all claims and liability including all claims and liabilities from negligence arising from participation. I further agree to hold harmless and indemnify Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with my participation in this activity.

It is the intention of the undersigned to exempt and relieve Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California and their directors, trustees, employees and staff from liability for personal injury, property damage or wrongful death caused by negligence.

2. CRMfGT and RMHCSC accept no responsibility for the loss, damage or theft of your child's property.
3. Should both parents or guardians, during the camp session, leave your place of residence; you will advise the camp administration where you can be contacted in case of emergency.
4. CRMfGT and RMHCSC accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily to the family's insurance company.

➔ **Medical claims go to:** MediCal CCS Private Insurance No Insurance
 MediCal Number _____ or CCS Number _____
 or Name of Private Insurance _____
 Policy Number _____ Certificate Number _____
 Ins Co Address _____ Ins Co Phone _____

5. I authorize the medical staff of CRMfGT to administer routine health care and in case of medical and/or surgical emergency, render to my child or to arrange for my child to receive any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act/or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

6. CRMfGT and RMHCSC have absolute permission to use your child's image in print or on tape or film for any lawful purpose whatsoever.
7. All information is correct so far as I know and the child herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

I have read this entire release of claims and fully understand it. I have satisfied my questions and concerns regarding the above mention activities by talking with representatives of Camp Ronald McDonald for Good Times. *(Parent or Legal Guardian must sign if participant is a minor)*

➔ Camper's Signature: _____ Social Security Number: _____ Date: _____

➔ Parent/Guardian Signature: _____ Social Security Number: _____ Date: _____