



Champ Camp 2016



January 1, 2016

Dear Parent/Guardian,

The Alisa Ann Ruch Burn Foundation invites your child to join 120 other burn injured children for Champ Camp 2016, **June 11th-18th** (8 days, 7 nights). Now in its 31st year, Champ Camp is a summer camp for burn-injured children ages 5 to 17, held at Wonder Valley Ranch in Sanger, California (30 miles east of Fresno). **Through the generosity of many caring and generous donors and volunteers, Champ Camp is a free week of fun for your child; including food, lodging and transportation to and from camp within California. Champ Camp is staffed by 70 passionate volunteers who are prepared for the daily care and attention needed by burn injured children, including a full medical staff and many first responders.**

Any child who has been treated overnight in a California Burn Center is welcome to attend, no matter how or when their burn occurred. All we require is that you provide us the injury date, the hospital at which the child was treated, and the degree of burns sustained. Your child must have been treated in a California Hospital for a burn injury (or have been treated in an out-of-state hospital, but currently reside in California) and be 5 to 17 years old during the time of camp.

If the dates of camp conflict with your child's last week of school (or graduation), please let us know. We can work with you and school administrators to educate them about this valuable experience. We can provide you with a letter or phone contact with school officials to facilitate a child's attendance at camp.

We hope you are as excited as we are about this special opportunity for your child to enjoy new experiences, build self-esteem, make new friends, and be in a safe and caring environment.

If you have any questions about Champ Camp, please feel free to contact me at dchacon@aarbf.org or call 1-888-492-2876. We look forward to having your child at camp!

Jeeter and Xena
Camp Directors

Daniel "Apollo" Chacon
Regional Manager Northern California

Send completed forms by email, fax, or regular mail.

- **Email:** Daniel Chacon dchacon@aarbf.org
- **Fax:** (818) 848-0296
- **Mail:** AARBF, 50 N. Hill Avenue, Suite 305, Pasadena, CA 91106



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C A M P E R R E G I S T R A T I O N F O R M 2 0 1 6

Child's First Name _____ Last Name _____

Boy Girl Date of Birth ____/____/____ Age on June 11th _____

What education grade level has your child just completed/will complete in June 2016? _____

Does your child speak English? YES NO Is your child bilingual? YES NO

Do you speak English? YES NO If you answered no, what language do you speak? _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

T-shirt size (circle one): Child S M L Adult S M L XL XXL

Ethnicity: Asian Black/African American Native American

White Hispanic Other: _____

B U R N I N J U R Y H I S T O R Y A N D T R E A T M E N T

Injury date: ____/____/____ % Body surface: _____

Hospital: _____ Length of stay: _____

Area of body burned: _____ Cause of burn: _____

Is there anything we must do to take care of your child's burn while at camp? (for example, dressing changes, pressure garments, splints, physical therapy, etc.). Please be specific:

C O N T A C T I N F O R M A T I O N * * R E Q U I R E D * *

Parent/Guardian Name(s): _____ Contact by: Home Cell E-mail

Home () _____ Cell () _____ E-mail: _____

Child lives with: Both Parents Mother Father Foster Parents Grandparents

Other: _____

E M E R G E N C Y P H O N E N U M B E R * * R E Q U I R E D * *

IN CASE OF AN EMERGENCY Whom should we notify?

NAME LAST NAME	PHONE NUMBER	RELATION TO CHILD
	()	
	()	



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RELEASES

The Alisa Ann Ruch Burn Foundation needs your help to support its mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which your child participates.. If you do not select any choice, we will consider it passive consent to allow us to use your child's photos and images.

Photo/Video

- Yes, I authorize the Burn Foundation to use photos/video from camp that may feature my child, for camp photos and yearbook, media and other affiliates, public education, and other AARBF materials. I understand that last name, cause of burn and any other sensitive personal information will not be revealed without my specific consent.
- No, I will not allow ANY photos or video of my child to be used in any way. This means they will **NOT be in any group photos or the Camp Yearbook.**

Group Survey

- Yes, my child can participate by completing a short survey while at camp to help develop programs aimed at child burn survivor's needs.
- No, I would prefer that my child not participate in a group survey.

CAMPER ENROLLMENT AGREEMENT

1. The camper and his/her parent/guardian agree to abide by the rules and regulations set by the camp for the health, safety, and welfare of the campers.
2. The camp reserves the right to dismiss a camper whose conduct or influence is unsatisfactory, or is, in the opinion of the Camp, not in the best interest of the Camp. In that event the parent or guardian is required to pick the camper up immediately.
3. Should parents or guardians, during the camp session, leave their place of residence for an extended period of time, AARBF should be advised where they can be contacted in case of emergency.
4. The camp is not responsible for lost or damaged articles of clothing or other personal belongings. Children should not bring items of value, including cell phones, to camp.
5. My signature below states I agree to the terms checked on the photo release and group survey releases stated in this application.
6. I hereby agree to release and indemnify the Alisa Ann Ruch Burn Foundation and Wonder Valley Ranch and all their officers, employees, agents, volunteers and representatives whatsoever, from any claims, cost, expense (including attorney fees) and/or damages which any of them may sustain or incur arising out of my child's participation in activities at Champ Camp.
7. I am the parent or legal guardian of the applicant and acknowledge all answers and information on the application to be true and correct.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____
 CAMPER SIGNATURE (14 years and older): _____ Date: _____



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C A M P E R H E A L T H F O R M

Child's Name (First & Last): _____ Age: ____ Date of Birth: _____

Parents/Legal Guardian(s): _____ Child Social Security Number _____
Phone () _____ Phone Type (circle one): Circle: home / work / cell

M E D I C A L I N S U R A N C E & I M M U N I Z A T I O N H I S T O R Y

Please include a copy of your child's medical insurance card.

Name of Health Insurance: _____ Policy # _____

If child has a Medi-Cal Card, please give policy #: _____

Attached is a copy of my child's immunization record, including when the child received the shots. (A COPY of school records is acceptable, please *do not send original*).

Indicate if child is currently or has in the past had any of the items listed below. If yes, give approximate dates.

- o Frequent Ear Infections: Yes No
- o Heart Defect/Disease: Yes No
- o Convulsions: Yes No
- o Diabetes: Yes No
- o Bleeding/Clotting Disorders: Yes No
- o Hypertension: Yes No
- o Chicken Pox: Yes No
- o Measles: Yes No
- o German Measles: Yes No
- o Mumps: Yes No
- o Head Lice: Yes No

Allergies or allergic reactions (Please specify): Yes No

If yes, _____

Chronic or recurring illness or medical condition: Yes No

If yes, _____

Any specific activities to be encouraged or restricted from: Yes
No

If yes, _____

For GIRLS only... has your child menstruated? Yes No

My child has received the H1N1 Flu vaccination: Yes No

H E A L T H H I S T O R Y

The Alisa Ann Ruch Burn Foundation (AARBF) REQUIRES this form be completely filled out, by the parent/guardian of this child. AARBF will not accept/register a child to Champ Camp if this form is not returned to us prior to the beginning of camp. This information is gathered to assist us in identifying appropriate care for campers.

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/We hereby give permission to the physician or other medical personnel selected by Wonder Valley Ranch and the Alisa Ann Ruch Burn Foundation to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for my child named above. I/We agree that Wonder Valley Ranch or their authorized agents may administer over-the-counter medications or their generic equivalent, as deemed necessary such as but not limited to: Calamine lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Tylenol, Neosporin Ointment, sunblock, throat lozenges, sting ointment, Blistex and Visine.

Parent/ Guardian Signature

Date



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***MEDICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN ON NEXT PAGE ***

* TO BE FILLED OUT BY A LICENSED PHYSICIAN OR NURSE PRACTITIONER *

This examination is for determining fitness and general health to engage in a variety of basic activities while at CHAMP CAMP, a summer camp for burn-injured children.

PHYSICAL EXAMINATION FORM

Child's Name: _____ Age: _____ Date of Birth: _____

Parents/Legal Guardian(s): _____

Child's Weight: _____ Lbs. Height: _____ Blood Pressure: _____

REQUIRED: Is this child medically stable and able to fly in a non-pressurized small aircraft?
 YES NO

Does this child have any current conditions that you are treating under your care? YES NO

If yes, explain:

Is this child under any type of medications, and/or other treatments that we should know about and therefore administer at camp? YES NO

If yes, explain:

Has this child had any past medical conditions that we should know about? (i.e. seizures, heart problems, broken bones, fainting, ear or eye conditions, etc.) YES NO

If yes, explain:

Does this child have any allergies and/or dietary restrictions we need to know about? YES NO

If yes, explain:

Are there any activities to be encouraged or to be restricted? YES NO

If yes, explain:

Physician's Signature

Date

() - Physician Number

Address:

Office Stamp Here:
(Optional)