



Camp Ronald McDonald for Good Times®

1250 Lyman Place, Los Angeles, CA 90029
www.rmhcsc.org/camp

Phone (310) 268-8488
 Fax (310) 473-3338

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 (____) _____

County _____ **Must List 2 Valid Phone Numbers**

2019 SUMMER CAMP - Pick a session and pick-up location

Session	Ages	Los Angeles	Loma Linda	Long Beach	Orange	Bakersfield	At Camp
<input type="checkbox"/> June 16 th – June 21 st (1906)	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> July 8 th -13 th (1907)	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 19 th – 24 th (1908)	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> July 30 th – August 4 th (1909)	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> August 10 th -15 th (1910)	Ages 9-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

FAMILY CONTACT(S) (To Be Completed by Parent or Guardian):

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 _____
Camper 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 Camper _____
Work Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	
Name _____	Relationship to Camper _____
Work Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	

FAMILY INFORMATION: This information will not affect your family's ability to attend Camp Ronald McDonald for Good Times

Number of people in household: _____ Approximate Annual Medical Expenses: _____

Family Ethnicity: African-American Asian/Pacific Islander Caucasian Latino American Indian Other

Range of Family Income: \$0 - \$11,670 \$11,671-15,730 \$15,731-19,790 \$19,791-23,850

\$23,851-27,910 27,911-31,970 31,971-36,030 36,031-40,090

40,091-50,000 50,001-65,000 65,001-75,000 90,000 about

RELEASE AUTHORIZATION: In order to care for your child throughout 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 Camper _____

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

Name of Camper: _____

CAMPER INFORMATION

The questions below are important to help support your child's transition into our Camp community. **The information on this page is shared with your child's counselors. This form needs to be filled out by PARENT or GUARDIAN.**

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 your child previously attended Camp Ronald McDonald for Good Times® Camps? Yes No

How does your child feel about going to Camp? Resistant Nervous Okay Excited Can't wait!

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

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

What does your child like to do in his/her spare time? (Check all that apply)

- Sports Cooking Dance Hang out with friends Play Board Games Talk on phone with friends
 Read Text Message Drama Listen to music Youth Group Video Games (Playstation, Wii, Xbox, PSP)
 Computer Job Draw/Paint Musical instrument Watch TV Student Government/Leadership
 Other _____

Does your child interact well with kids his/her age: At school? Yes No In Groups? OR One on One?

Describe _____

Is your child usually with children: His/her own age? Older? OR Younger?

Does your child receive additional educational support? (i.e. IEP, Resource, specialized classes) Yes No

If yes, please describe _____

Does your child need assistance or supervision with the following? (Check all that apply)

- Brushing Teeth Combing Hair Dressing Bathing/Showering Toileting/Bathroom Not Applicable

Does your child know how to swim? Yes No (Note: Each Camper is given a swim test at Camp; swimming is a summer activity)

Bedtime: (Check all that apply)

- Fear of dark nightmares night terrors difficulty waking talks in sleep difficulty falling asleep
 Snoring sleepwalking not applicable other- _____

Please describe your child's eating habits:

- Eats everything eats snacks several times a day tends to skip a meal each day needs to be encouraged to eat
 Picky eater not applicable other _____

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

Has your child experienced any stressful life events in the past year (i.e. death of a family member, friend or pet, divorce, marriage, deployment)? Yes No

If yes, please describe _____

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

Please describe _____

FOR ONCOLOGY PATIENTS:

Diagnosis: _____

Patients Oncologist: _____

Hospital: _____

Does your child have a portacath? Yes No

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

Will your child need help with heparin flushes/dressing changes? Yes No

Does your child have other special needs 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 known. If not applicable please check "No" box.

Camper's Weight _____

Camper's Height _____

- | | |
|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing/Vision Difficulties _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Cardiac Problems _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Neurological Deficit/ Muscular Problems _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Chicken Pox (or immunization) _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies to Insect Stings _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Severe Food Allergies _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Flu Shot _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies to Medication _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Convulsions/Seizures _____
(Type & frequency) | Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ |

Please attach a copy of each Camper's most current immunization record including the date of the last tetanus shot.

Recent operations or serious injuries: _____

Describe any physical disability and/or physical limitations: _____

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

Describe- _____

If female, has child begun her menstrual period? Yes No does your child use: Pads OR Tampons

BEHAVIOR: Check any behavioral or emotional conditions your child has been diagnosed with.

ADD/ADHD Anxiety Depression Bipolar Disorder PTSD Other _____ Not Applicable

If yes, has medication been prescribed? Yes No

If so, please list medication(s): _____

Is your child currently taking these medications? Yes No If not, why? _____

Will your child take these medications during their Camp session? Yes No If not, why? _____

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. **Medications Listed as of:** _____ / _____ / _____

Attach additional sheet if needed

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 & CONDITIONS OF ENROLLMENT

CAMPER EXPECTATIONS

In order for Camp to be safe, fun and enjoyable for everyone, there are expectations of how Campers behave in our community. To further illustrate our expectations of our Campers, we have provided a sample list below that includes but is not limited to:

Contributing to an emotionally safe environment

- Each Camper must treat everyone 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. This includes on clothing and in music lyrics.
- 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.

Contributing 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 and/or tobacco products are not permitted at Camp.
- Guns, knives, sling shots, fireworks and weapons are not permitted at Camp.

Respecting Camp facilities and equipment

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

Unplugged Community

- Camp has a "leave your electronics at the gate" policy for Campers and volunteers.
- Campers are asked not to use their electronic devices at Camp. This includes but is not limited to: Cell Phones, PSP, iPod, DVD players, camcorders and laptops. Mp3 players like iPods may be used at certain times as long as its use does not distract the Camper from being safe and participating fully.
- Campers are not allowed to use their cell phones to tell time or as a camera.
- If electronic devices are discovered, we will collect them and return them to the Camper at the end of the session.

If at any time during Camp these expectations are not met, or the Camp Directors feel that a Camper's behavior takes away from a positive camping experience, the parent(s) or guardian(s) 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® (CRMfGT). The following acknowledgment and release is both a requirement of insurance coverage and an important reminder to you as a parent and to be sure that your child is properly prepared.

1. I understand the programs offered through CRMfGT may take place in a wilderness environment and may include but are 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 CRMfGT 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 CRMfGT 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 CRMfGT and RMHCSC 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 CRMfGT and RMHCSC 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:** No Insurance
 MediCal # _____ CCS # _____
 Private Insurance (Name & Policy and/or Certificate #) _____
 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 mentioned activities by talking with representatives of CRMfGT.

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