

2017 Summer Camp Registration

Please, print clearly using black or blue ink. This form must be completely filled out in order for your child to be registered. Then mail or email form along with the \$5.00 registration fee to Hope's Haven by **April 30, 2017**. If you are emailing the form, you may mail the fee separately or pay via PayPal. If you are completing this application after April 30, please contact us for space availability.



661 E. Market Street, Williamstown, PA 17098

Phone: 570-850-9443

Email: info@hopeshavencamp.org

Name: _____

Address: _____

City/State/Zip: _____

Gender: _____ Age: _____ Birth Date: _____

Child is living with: (Check one) Foster Parent Group Home Relative: _____

Adoptive Parent Biological Parent

Hope's Haven is a specialized camp for children who have been in foster care. Has your child ever been a ward of the court? _____

Parents/Guardians (P/G) with whom child is living: _____

P/G Home Phone: (____) _____ P/G Work Phone: (____) _____

P/G Mobile Phone: (____) _____ P/G Email: _____

Caseworker: _____ Email: _____ Phone: (____) _____

Originating County: _____ Agency Name or Group Home: _____

Alternative Emergency Contact: _____ Phone: (____) _____

DATE OF CAMP: June 8-11, grades 4-6 (at Camp Swatara) June 14-17, grades 7-9 (at Camp Swatara)
 June 22-25, grades 10-12 (at Central Oak Heights) - 2017 High School Graduates (returning campers only) are eligible to attend

GRADE: Grade child will be entering this fall _____ or 2017 Graduate? _____ Returning Camper? yes no

CHILD'S T-SHIRT SIZE: _____ Youth size Adult size

COST: The **only** cost is a \$5.00 registration fee. *Camp is lovingly sponsored by our donors who want to help.*

TRANSPORTATION:

Agency will provide transportation Hope's Haven transportation* Parent/Guardian

*Hope's Haven will provide transportation from Harrisburg, Lancaster, York, Shamokin Dam and surrounding areas.

SIBLINGS: Will this child be attending camp with a sibling (biological, foster, or adoptive): **Yes, No, or Unsure?**

Name of sibling: _____ If yes, do you recommend that they be in the same group for activities?

Please explain. _____

MEDICAL INSURANCE: Provider: _____ Policy No: _____

Provider Phone: _____ ID No: _____

IMMUNIZATION HISTORY: Please, fill in the dates of basic immunizations and most recent booster, or attach immunization record.

_____ Tdap Series	_____ Tdap Booster	_____ Tetanus/Booster
_____ Polio OPV (Sabin)	_____ Chicken Pox	_____ Tuberculin (TB) Test
_____ Measles, Mumps, Rubella	_____ TB Test	_____ Hep A &/or B

HEALTH HISTORY: *Indicate date of illness, severity, complications, and any residual impairment.*

Respiratory Problems _____ Dizziness _____ **MUSCULOSKELETAL:**
Heart or Circulation _____ Seizure Disorders _____ Foot _____ Poison Ivy _____
Pulmonary Edema _____ Balance Problems _____ Back _____ Insect Bites _____
Anaphylactic Shock _____ Fainting _____ Other _____ Drug Allergy _____
Diabetes _____ **ALLERGIES:** Dye, Wheat, or other Food Allergy _____
Hypoglycemia _____ Hay Fever _____ _____

Operations or recurring illness: _____

Special eating concerns/diet: _____

Any specific activities to be encouraged? _____ Restricted? _____

MEDICATIONS: Will your child be taking any medications at camp? _____ If yes, then please fill in the following:

(Note: All medications must be provided in their ORIGINAL containers and must match the first and last name of the child listed on the application. If more space is needed, please attach additional paper.)

Name of Medication	Dosage	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Phone: (_____) _____

Camper's Emotional/Behavior History:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Aggressiveness | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Biting | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Running Away | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Night Terrors | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other _____ |

For any of these behaviors, what modifications work well for this child? _____

Please add any other comments related to HEALTH, MEDICATIONS, OR EMOTIONAL BEHAVIOR below.

MEDICAL RELEASE: *This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted by me. The undersigned do hereby authorize the directors of HOPE'S HAVEN or such substitute as they may designate as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is in route to and from or involved or participating in any camp activity, unless revoked in writing by the undersigned and delivered to the Director.*

CONFIDENTIALITY STATEMENT: *We respect your right to privacy. All information regarding camper applicants will be held confidential within pertinent camp staff on a need-to-know basis for the purposes of determining admission and providing the best camper experience possible to your child. However, confidentiality may be breached in the event of an emergency or if a safety concern arises for your child or others that requires attention. All camp staff are mandated reporters of child abuse according to Pennsylvania law.*

Parent/Guardian Signature: _____ Relation: _____ Date: _____

Registration is not complete unless form is signed. After sending in the registration, a confirmation will be sent to you within two weeks.

**IF REGISTERING FOR THE JUNE 8-11 CAMP (GRADES 4 - 6), or JUNE 14-17 CAMP (Grades 7 - 9)
PLEASE COMPLETE THIS FORM.**

Camp Swatara
Activity Release & Health Statement Form
Challenge Course Participant

This activity requires participation in field exercises which are, by their nature, physically demanding. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or others who depend upon them. Medical attention is available only through the local emergency response network. Physical strength is not necessary for the majority of course elements, but being in good condition will increase your enjoyment of the Challenge Course. If there is any doubt about your ability to safely participate in the Challenge Course activities, you should have a physical examination.

1. What physical disabilities or condition do you have which might limit your participation in this activity?

2. What else might affect your participation?

3. What medications are you taking?

4. List the name, address, and phone number of person(s) to contact in an emergency.

Please Note: The Challenge Course participant has a “challenge by choice” option before beginning course and after the first obstacle (rope ladder or climbing wall) on the high ropes course. No refunds can be given if a participant chooses to pass on that challenge.

“I have read and understand the nature of the physical demands of this activity. I have noted above any medical or physical conditions I have which might affect my activity. I, therefore, release any and all rights or claims for damage against Camp Swatara or affiliated organizations and all individuals assisting in instructing and conducting these activities for any and all injuries loss or damages suffered by me at, or in any way connected with these injuries.”

Name (print): _____ Date: _____

Signature: _____

Activity Name and Date: Hope's Haven Camp, June 8-11 and June 14-17, 2017

Parent/Guardian Signature: _____ (If Under 18)