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Camper Registration

Hope's Haven is a camp for children who are or have been in foster care. Please only complete this registration if your child is in or was at some point in foster care.

Directions: Please fill out completely in pen or typed. Mail or email your completed registration to the above address. The deadline is April 30, 2022, if you are completing this application after April 30, please contact us directly to discuss availability.

General Information

First Name: _____ Middle Name: _____ Last Name: _____
Preferred Name/Nickname: _____
Address: _____ City/Town: _____ State: _____ Zip: _____
Gender: M / F Birth Date: ____ / ____ / ____ Age: _____ Grade child will be entering in the fall: _____
Will your child be attending camp with a sibling (biological, foster, or adoptive)? Y / N
If yes, Name of Sibling: _____ Do you recommend them being in the same group for activities? Y / N Explanation: _____

Parent / Guardian Information

Please Check One: Child is currently in foster care Child was at some point in foster care
Child is residing with: Foster Family Adoptive Family Biological Family Kinship Group Home
First Name: _____ Last Name: _____ Relationship: _____
Phone: _____ Alternate Number: _____ Email: _____

Alternate Emergency Contact

First Name: _____ Last Name: _____ Relationship: _____
Phone: _____ Alternate Number: _____ Email: _____

Caseworker Information

First Name: _____ Last Name: _____
Phone: _____ Email: _____ Originating County: _____
Agency/Group Home Name: _____

Camp Information

Please select the corresponding camp to which your child will be attending using the grade indicated above.
Camps: (held at Camp Swatara, Bethel, PA) June 8 - 11 (Grades 5-8) June 15 -18 (Grades 9-12)
Returning Camper: Y / N T-Shirt Size: _____ Youth Size Adult Size
Transportation: Parent/Guardian Agency Hope's Haven (If possible, please provide transportation for your child. However, if you are unable to do so Hope's Haven is able to provide transportation within an hour radius of Camp Swatara, Bethel, PA. We will contact you closer to camp to confirm location/transportation.)

Medications

Does your child take medications: Y/N If yes, please complete the following section. (All medications must be provided in their original containers and must match the first/last name of the child listed on the registration.)

- 1. Medication Name: _____
Dosage: _____ Time(s): _____
- 2. Medication Name: _____
Dosage: _____ Time(s): _____
- 3. Medication Name: _____
Dosage: _____ Time(s): _____
- 4. Medication Name: _____
Dosage: _____ Time(s): _____

Medical Provider

Name: _____ Phone: _____
 Policy Number: _____ ID Number: _____

Health/Behavior History

Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized? <u>Y/N</u> | 16. Have problems with sleep/sleepwalking? <u>Y/N</u> |
| 2. Ever had surgery? <u>Y/N</u> | 17. Have a history of bedwetting? <u>Y/N</u> |
| 3. Have recurrent/chronic illnesses? <u>Y/N</u> | 18. Deal with nightmares/night terrors? <u>Y/N</u> |
| 4. Had a recent infectious disease? <u>Y/N</u> | 19. Passed out/had chest pain during exercise? <u>Y/N</u> |
| 5. Had a recent injury? <u>Y/N</u> | 20. Had asthma/wheezing/trouble breathing? <u>Y/N</u> |
| 6. Had headaches? <u>Y/N</u> | 21. Had mononucleosis during the past year? <u>Y/N</u> |
| 7. Have diabetes? <u>Y/N</u> | 22. Have problems with periods/menstruation? <u>Y/N</u> |
| 8. Had seizures? <u>Y/N</u> | 23. Have problems with diarrhea/constipation? <u>Y/N</u> |
| 9. Had fainting or dizziness? <u>Y/N</u> | 24. Ever struggled with biting? <u>Y/N</u> |
| 10. Wear glasses, contacts, or eyewear? <u>Y/N</u> | 25. Ever struggled with running away? <u>Y/N</u> |
| 11. Have any skin problems? <u>Y/N</u> | 26. Ever struggled with being withdrawn? <u>Y/N</u> |
| 12. Ever had back/joint problems? <u>Y/N</u> | 27. Ever struggled with an eating disorder? <u>Y/N</u> |
| 13. Ever acted out sexually? <u>Y/N</u> | 28. Traveled outside the U.S. in the past year? <u>Y/N</u> |
| 14. Have a learning disability? <u>Y/N</u> | 29. Have any allergies? <u>Y/N</u> |
| 15. Deal with aggressiveness? <u>Y/N</u> | 30. Have any dietary restrictions? <u>Y/N</u> |

Please explain "Yes" answers in the space below, noting the number of the question(s).

Please list any modifications that work well for your child.

Please list any restricted activities.

Please use the space below to provide any additional information about the campers physical, emotional, and mental health or behavior about which the camp should be aware. If nothing is applicable, please write N/A.

Immunization History

Please, fill in the date(s) of each immunization or attach an immunization record.

Immunization	Date(s)
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)	
Tetanus booster (dT) or (TdaP)	
Mumps, measles, rubella (MMR)	
Polio (IPV)	
Haemophilus influenzae type B (HIB)	
Pneumococcal (PCV)	
Hepatitis A	
Hepatitis B	
Varicella (chicken pox)	
Meningococcal meningitis (MCV4)	
Tuberculosis (TB) test	

Parent/Guardian Authorization

Medical Release: I certify that all of the information above is true and complete to the best of my knowledge. I agree to notify Hope's Haven if any change occurs in medical condition before arriving at camp. The person named above has permission to engage in all activities except as noted above. I hereby give permission to Hope's Haven to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to Hope's Haven to arrange necessary related transportation for the person named above. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Hope's Haven to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Hope's Haven and its volunteers/staff from any and all liability for any injury or illness incurred at camp.

Confidentiality Statement: All information regarding the person named above will be held confidential within pertinent volunteers/staff on a need-to-know basis for the purposes of determining admission and providing the best experience possible to the person named above and others in attendance. However, confidentiality may be breached in the event of an emergency or if a safety concern arises that requires attention. Hope's Haven requires all volunteers/staff to report any concerns of child abuse according to Pennsylvania law.

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

Standing Orders

This form must be signed and is required for camper attendance.

The following over-the-counter medications will be available at Hope's Haven Camp. Administration of these medications is "per label directions" unless otherwise noted. Generic drugs may be used in place of name brands. Please check "Yes" for medications the Medical Volunteers/Staff are allowed to administer to the camper as needed.

Camper Name: _____ Date of Birth: _____ / _____ / _____

Yes	No	Medication & Usage
		Acetaminophen: Pain, fever, headache
		Ibuprofen: Pain, fever, menstrual cramps, headache, muscle aches
		½ Strength Hydrogen Peroxide and ½ Strength Water: Antiseptic Solution, wound cleansing
		Triple Antibiotic Topical Ointment: Open wounds, insect bites
		Calamine Lotion: Skin irritation, itch
		Hydrocortisone Cream: Skin irritations
		Benadryl Tabs/Capsule: Allergies, cold symptoms
		Benadryl Topical Cream/Gel: Skin irritation
		Imodium: Diarrhea, cramps, bloating
		Antacid Liquid/Tums: Heartburn, acid indigestion, gas
		Pepto-Bismol: Nausea, heartburn, indigestion, diarrhea, upset stomach
		Milk of Magnesia: Constipation
		Other (specify medication, dosage, frequency, and reason):

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

Archery Release Form

In the event that archery is offered please complete this form.

Camper Name: _____

This archery activity will be led by NASP certified instructors. The instructors will provide safety lessons, demonstrations, and practice opportunities with adjustable compound bows.

Are there any physical disabilities or conditions your camper has which might limit their participation in this activity? _____

"I have read and understand the nature of this activity. I release any and all rights or claims for damage against Hope's Haven 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.

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in the archery shooting activity. This event/activity will take place under the guidance and direction of Hope's Haven staff and/or volunteers. **I understand that all equipment will be provided and that no personal archery or shooting equipment is allowed at camp.**

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

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 conditions 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 the person(s) to contact in an emergency.

Please Note: The Challenge Course participant has a “challenge by choice” option before beginning the 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/Date: Hope's Haven Camp - June 8 to 11 and June 15 to 18

Parent/Guardian Signature: _____