



2019 Teen Camp Application Camper Application

Camper General Information

Camper's Name: _____ Gender: Male Female
 FIRST LAST

Address: _____ City: _____ State: ____ Zip: _____

Date of Birth: ____ / ____ / ____ Age: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian #1	First Name	Last Name	Relationship to Camper
	Address (if different from above)	City	State/Zip
	Home Phone ()	Cell Phone ()	Evening Phone ()
	Employer	Work Phone ()	
	Email		
Parent/Guardian #2	First Name	Last Name	Relationship to Camper
	Address (if different from above)	City	State/Zip
	Home Phone ()	Cell Phone ()	Evening Phone ()
	Employer	Work Phone ()	

Child lives with: Both Parents Mother Father Other: _____

In the event that your child must be sent home, whether it's for a medical emergency or behavioral purposes please indicate who the contact person will be for pick-up.

Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information (Not a Parent/Guardian)

Emergency Contact #1	First Name	Last Name	Relationship to Camper
	Address (if different from above)	City	State/Zip
	Home Phone ()	Cell Phone ()	Evening Phone ()
	Employer		Work Phone ()
Emergency Contact #2	First Name	Last Name	Relationship to Camper
	Address (if different from above)	City	State/Zip
	Home Phone ()	Cell Phone ()	Evening Phone ()
	Employer		Work Phone ()

Sibling/Relative Also Attending Teen Camp

First & Last Name	Age	Relationship to Camper

Transportation

Southern Nevada Campers: We will be leaving from McCarran Airport in Las Vegas to travel to Reno-Tahoe Airport.

Northern Nevada Campers: You will meet the counselors at the Reno-Tahoe Airport and taking a shuttle bus to Lotus, CA for the ETC Base Camp. You will receive more detailed travel information once your application has been received.

Drop-off for Teen Camp	McCarran Airport (Southern) Reno-Tahoe Airport (Northern)
Pick-up after Teen Camp	McCarran Airport (Southern) Reno-Tahoe Airport (Northern)

MEDICAL HISTORY
(COMPLETED BY PARENT/GUARDIAN)

Camper's Name: _____

Date of Birth: ____ / ____ / ____ Height: _____ Weight: _____

Hemophilia Treatment Center/Physician Information

Hematologist	Pediatrician
HTC	Institution
Address	Address
City State Zip	City State Zip
Phone ()	Phone ()
<input type="checkbox"/> Unaffected Camper (leave above blank)	

Diagnosis

Factor Deficiency	<input type="checkbox"/> Factor 8 <input type="checkbox"/> Factor 9 <input type="checkbox"/> vWD1 <input type="checkbox"/> vWD2 <input type="checkbox"/> vWD2a <input type="checkbox"/> vWD2b <input type="checkbox"/> vWD2c <input type="checkbox"/> Carrier 8 <input type="checkbox"/> Carrier 9 <input type="checkbox"/> Other: _____
Severity	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Inhibitor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last inhibitor test ____ / ____ / ____

Treatment

Does your child have a Portocath or Brovic/Hickman? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you want it used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child self-infuse? <input type="checkbox"/> Yes (independently) <input type="checkbox"/> Yes (needs help) <input type="checkbox"/> No (but would like to learn)	
Do we have permission to teach your child self-infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Factor Name: _____	Is your child on prophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate dosage schedule for camp: Fri: _____ Units Sat: _____ Units Sun: _____ Units Mon: _____ Units	
If no, please indicate dosage of factor and send enough for at least 3 days of a major bleed Dosage: _____	

Other Medical Conditions

- ADD/ADHD
 Allergies
 Asthma
 Bedwetting
 Trouble Sleeping
 Heart Defect
 Epilepsy/Seizures
 Diabetes
 Head lice recently
 Other: _____

Rafting Accommodations

Disability/Diagnosis: (Please list all disabilities and/or diagnosis) _____

Necessary Adaptations: (Wheelchair, walker, white cane, hearing aids, communication devices, etc.):

- Ability to Paddle: Yes No
 Stability/Balance: Strong Moderate Weak
 Previous Raft Experience: Yes No

Allergies

- Drug allergy: _____ Type of Reaction: _____ Treatment: _____
 Drug allergy: _____ Type of Reaction: _____ Treatment: _____
 Food allergy: _____ Type of Reaction: _____ Treatment: _____
 Food allergy: _____ Type of Reaction: _____ Treatment: _____

Behavioral Concerns

- Shyness
 Psychological
 Anger Management
 Other: _____

Medications

All medications administered at camp (including over the counter and vitamins) must appear on your child's medical form. Please send all medications necessary for the week in their original bottles. We will **NOT** accept pill boxes or any medication not in their original packaging. Camp medical staff will store and administer medications as directed by you. This includes any allergy medications, vitamins, ibuprofen, etc.

Medication	Dose	Fri	Sat	Sun	Mon	
						<input type="checkbox"/> as needed
						<input type="checkbox"/> as needed
						<input type="checkbox"/> as needed
						<input type="checkbox"/> as needed

Additional Questions

Does your child know how to swim? Yes No

Does your child use a wheel chair? Yes No

Does your child have any dietary restrictions? Yes No

if yes, please list: _____

Does your child require 1:1 care throughout the day? Yes No

if yes, please explain: _____

Will camper be infused the day he/she leaves for camp? Yes No

Has camper ever been away from home? Yes No

Has camper experienced any stressful life events in the past year? Yes No

if yes, please explain: _____

Has camper ever seen a therapist or psychiatrist? Yes No

if yes, please explain: _____

Do you have any concerns about the camper's behavior? Yes No

if yes, please explain: _____

Insurance

Check here if your child does not have insurance

If you have health and accident insurance coverage, please provide the following information:

Name of Insurance Company: _____

Insurance Company phone: _____

Policy Holder Name: _____

Policy Number: _____ Certificate Number: _____

Medicaid Number: _____

CONESNT FORM
(COMPLETED BY PARENT/GUARDIAN)

Permission to take photographs

I hereby give consent for photographs and/or motion pictures of my child to be used for any of the following purposes: NHFNV publicity, public service announcements on television or the internet, publicity with supporting agencies, scholarship awards, teen camp promotion or any other agency-approved and supported activity.

My signature below indicates my consent for NHFNV to use photographs of my child taken at teen camp.

Parent/Guardian Signature: _____ Date: _____

Luggage Search

I agree that my child's belongings may be searched outside the participant's presence for electronics, food, candy, drugs, alcohol, weapons or other forbidden objects if there is suspicion of objects being present.

My signature below indicates my consent for my child's luggage to be searched if necessary.

Parent/Guardian Signature: _____ Date: _____

Release of Liability & Authorization for Emergency Medical/Dental Treatment

I, _____, am the parent/ legal guardian of a camper or a participant (over 18 years old) who will travel to and attend Teen Camp (hereinafter the Camp), at ETC, sponsored by the Nevada Chapter of the National Hemophilia Foundation. I understand that the activities involved in Teen Camp will pose the risk of harm or injury. On my own behalf, and on behalf of my child or ward, I hereby freely and expressly consent to release, discharge, indemnify and hold harmless the Nevada Chapter of the National Hemophilia Foundation, and their respective agents, employees, and representatives from any damage, claims, loss, or injury sustained by me or my child/ward while traveling to or from the Camp, while attending or participating in any activities at Camp, or any other trips or activities sponsored by the Nevada Chapter of the National Hemophilia Foundation. This release includes within its scope any damage, loss or injury sustained as a result of any ordinary negligence, whether active or passive on the part of the Nevada Chapter of the National Hemophilia Foundation, or any of their respective agents, employees or representatives.

As the parent/guardian of the camper or as a participant, I hereby give my consent to any medical treatment, including any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment, or hospital care to be rendered to me or my child/ward under the general or special provisions of the Medical Practice Act, or to consent to any dental treatment, including any examination, X-ray, anesthetic, dental or surgical diagnosis or treatment, or hospital care to be rendered to me or my child/ward by a dentist licensed under the provisions of the Dental Practice Act. This authorization shall be effective while I or my child/ward is en-route to or from Camp, or involved or participating in any program or activity of Camp, or under the supervision of any personnel associated with the Camp, regardless of the location where treatment or care is rendered, unless earlier revoked by me in writing and delivered to the Camp Director.

The foregoing release is to be construed in accordance with the laws of the State of Nevada. It is intended to release claims, which are not yet known.

I have read and understood this Release and Authorization and the attached Medical History and Information Form, and the information I have given is true and correct. PHOTOSTATIC COPIES OF THIS RELEASE AND AUTHORIZATION WILL BE CONSIDERED AS VALID AS THE ORIGINAL

Signature (parent/guardian/participant if over 18): _____ Date: _____

Print name: _____ Camper Name: _____

TEEN CAMP RULES

Please be sure that you know and agree to the following camp rules before coming to camp. All campers and staff must abide by camp rules for the duration of the camping week. Campers and staff not following camp rules may be asked to leave camp and transportation must be provided by applicant/parent or guardian.

GENERAL

- DO NOT bring food, candy or drinks with you. If found, items will be confiscated.
- Electronic equipment of any kind (handheld games, MP3 players, TV's, Stereos, Cell Phones, etc.) are prohibited at camp. Camp staff will confiscate them. Parents, please keep these items at home!
- Wear shoes at all times.
- No weapons (knives, guns, sling-shots, other weapons, etc.) are ever allowed at camp at any time.
- A staff person must accompany you at all times.
- Follow the buddy system – you should ALWAYS have a buddy with you.
- You must stay on the campgrounds at all times. Leaving is not permitted.
- No visitors are allowed at any time.

CABIN RULES

- Stay with your cabin group. Get permission from a counselor before entering another cabin.
- Respect the space and property of others – stay out of other campers' belongings.
- Graffiti (carved or written) is vandalism. We (you) will pay for all damages to camp property.

RESPECT

- Observe the A. D. S. rules at camp – NO Alcohol, NO Drugs, NO Sex at Camp. EVER.
- This is a non-smoking camp. No smoking is allowed anywhere on camp grounds.
- Please treat all campers and staff with respect. Teasing, swearing, inappropriate jokes and rude behavior are unacceptable - inappropriate behavior will result in contacting camper's parent/guardian.

ENVIRONMENT

- Preserve the environment – throw away your garbage and recycle when possible.
- Be kind to animals – they live here, we are only visiting.
- Trees are living creatures too – please respect them by not climbing or pulling out their leaves.

My signature and applicant's signature below indicates my/our understanding of the above rules. If rules are violated it may result in myself/child being sent home.

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

TEEN CAMPER INFORMATION

(Please keep this information for your use during preparation for camp)

Packing Directions

MEDICATIONS

- All medications should be in their original containers, then packed into a travel cooler clearly labeled with applicant's first and last name.
- Medications must be travel with camper as a carry on, DO NOT pack medications in your suitcase.
- All applicants with a bleeding disorder must bring enough of their own factor and infusion supplies to cover treatments for an active weekend of camping, PLUS 2 DOSES IN CASE OF AN EMERGENCY.

PERSONAL ITEMS

- Applicants are limited to one (1) duffle bag or small suitcase - luggage must be clearly labeled with participant's first and last name.
- Applicants should be able to carry all of their own supplies without assistance; please do not pack more than you can carry.
- **Sleeping bags WILL BE provided by the camp, therefore it is NOT necessary to bring one.**

COMMUNICATION

Telephone calls: Electronics, especially cell phones are not allowed during the week of camp. Phone calls are only to be made in the event of an emergency. If you should need to reach staff during the week of camp you can call the NHFNV office at 702.564.4368.

TEEN CAMP PACKING LIST

What to Bring to Camp

Attention camper: Please be sure you have everything listed below. Campers should pack their own supplies with parent supervision - please be sure you know where everything is located. Each camper is limited to one (1) duffle bag or small suitcase - don't pack more than you can carry.

Items for Camping:

- One pair of long pants
- One pair of shorts
- One t-shirt
- One long sleeve shirt
- Underwear
- Sweatshirt or light jacket
- Socks
- Dry shoes (good for hiking/walking)
- Warm hat
- Small towel
- Small flashlight
- Pajamas
- Swimsuit
- Water bottle with secure lid
- Small backpack

Toiletries:

- Toothbrush
- Toothpaste
- Brush or Comb
- Shampoo
- Soap
- Chap stick
- Insect repellent
- Sunscreen

Bedding:

- **The camp will provide sleeping bags.**

Optional:

- Books or magazines

Rafting Attire:

- One pair of shorts and/or bathing suit (one piece for girls)
- One t-shirt
- Sunhat (baseball cap or visor is best)
- Sunglasses with a retention strap
- Shoes that can get wet and will stay on feet (old tennis shoes, sport sandals, wetsuit booties)
- A change of clothes for after the rafting trip

Things to Leave at Home

Please leave the following items at home as there are prohibited at camp:

- Cell phones
- Food/Candy/Snacks
- DS or other handheld games
- iPods or other music devices
- Laptops/tablets
- Knives/weapons of any kind
- Matches
- Open toed shoes/sandals (except flip flops for shower)
- Revealing or offensive clothing (no midriff baring shirts, no shirts with inappropriate language or images)