

**Camp Goodtimes West
2010 Kayak Adventure Camp
Camper Application Packet**



Camp Goodtimes Adventure Campers,

Thank you for your interest in attending Camp Goodtimes Adventure Camp this Summer. We look forward to a great time at camp.

The Adventure Camp is for cancer survivors 16 to 25 in age who have a desire to connect with other survivors in a camping/kayaking experience. We ask that participants be off treatment for at least 10 – 12 months. If you have any further questions about this, please do not hesitate to contact us.

Enclosed are the application and medical forms to be completed and returned by the date listed below. Please note that each participant needs to have a completed medical form in order to participate.

Application Deadline: **June 1, 2010.**

We look forward to receiving your application!

Sincerely,

The Camp Goodtimes Staff

For your convenience, please follow the steps listed below:

- Complete a separate application form for each camper
- Complete immunization history on ALL campers – we do not keep records from prior years. **Do not write “up to date”, specific dates are required**
- Please give medical form to your doctor or nurse practitioner for campers who are patients OR former patients)
- Please complete medication sheet for ALL campers needing medications at camp

**** Consideration for acceptance cannot be guaranteed after deadline date.***

Summer 2010 Dates

August 15 – 20

******Deadline for all application June 1, 2010******

**Camp Goodtimes West
American Cancer Society**

2120 First Avenue North, Seattle, WA 98109

Direct: (206)674-4105 Toll Free: (800)729-1151 Fax (206)285-3469

Email: campgoodtimeswest@cancer.org Website: www.campgoodtimeswest.org

Camper Application Form - Goodtimes Kayak Adventure Camp

CAMPER'S NAME: _____ (Last) _____ (First) PREFERRED NAME _____

ADDRESS _____ CITY _____ ST ___ ZIP _____

PHONE: _____ CELL PHONE: _____

E-Mail _____

DATE OF BIRTH: ___/___/___ AGE AT CAMP: ___ GRADE IN SCHOOL(2010-2011): _____

GENDER: Male: _____ Female: _____ T-SHIRT: Adult – S M L XL XXL

How many years has camper attended Camp Goodtimes Adventure Camp? _____

CAMPER IS:

Patient on treatment: _____ Patient off treatment: _____

CONTACT INFORMATION: Please complete all sections

Parents or Legal Guardians (Emergency Contact if participant is over 18):

Home address:

Street

City

State

Zip

Phone Numbers: Daytime: (____) _____ - _____ **Evening:** (____) _____ - _____

Cell Phone: (____) _____ - _____ **Alternate Cell Phone:** (____) _____ - _____

Work/Business Phone (____) _____ - _____ **Pager:** (____) _____ - _____

E-Mail: _____

Emergency Contact: _____

Phone Numbers: Daytime: (____) _____ - _____ **Evening:** (____) _____ - _____

Cell Phone: (____) _____ - _____ **Alternate Cell Phone:** (____) _____ - _____

Work/Business Phone (____) _____ - _____ **Pager:** (____) _____ - _____

E-Mail: _____

CAMPER NAME: _____

CANCER INFORMATION

Diagnosis: _____

Date of Diagnosis: _____

Date Treatment Ended: _____

Relapse date (if any): _____

Date Treatment Ended: _____

Weight _____ lb / kg (Please circle appropriate measurement)

Allergies (medication, food, animal, insect, environmental, etc.) ___YES ___NO

If YES, please describe allergy and action required: _____

IMMUNIZATION HISTORY: please indicate dates or Immunization history attached (Check)

(THIS NEEDS TO BE PROVIDED YEARLY. WE DO NOT KEEP PAST RECORDS!)

Immunization	Yes/No	Date
Tetanus		
Hepatitis B		
Hepatitis A		
Tdap /Dtap		
DTP		
Polio		
Polio booster		
Varicella (Chicken Pox)		
MMR		
MMR Booster		
HPV (Female only)		
Meningococcal		
Pneumococcal		

Applicant is not receiving some immunizations because of religious or ethical considerations

___ Yes ___ No ___ Does not apply

Applicant is not receiving immunizations or immunizations are delayed because of cancer treatment?

___ Yes ___ No ___ Does Not Apply

Please notify Camp Director if your child contracts an infectious disease or is exposed within 4 weeks of camp (ex. chicken pox, H1N1, measles, etc.)

PARENT RECOMMENDATIONS/RESTRICTIONS:

Special Diet (ex. vegetarian, vegan, lactose intolerant, no peanuts, no pork) _____

Swimming/Diving: _____

Activity Level: _____

Psychological conditions _____

Any special considerations? _____

Camper's Name _____

Does Camper have:

Yes No Broviac/Hickman _____

Yes No Port-a-cath _____

Yes No PICC Line _____

Yes No Ostomy _____

Yes No Omayo/VPShunt _____

Yes No Feeding tube (type): _____

Indicate past medical issues (other than cancer: ex. surgeries, major illness, broken bones)

SECONDARY MEDICAL CONDITIONS: Circle any of the following conditions exhibited by your child. Please provide detailed information about his/her limitations. Do not hesitate to use an additional sheet to provide more information which would help us better understand your child.

Yes No Visual Impairments: _____

Yes No Hearing Impairments: _____

Yes No Seizures: _____

Yes No Learning Disabilities: _____

Yes No Cognitively (Academically) Functions Below Age Level: _____

Yes No Asthma: _____

Yes No Diabetes: _____

Yes No Frequent Ear Infections: _____

Yes No Heart Defect/Disease: _____

Yes No Bedwetting: _____

Yes No Prosthesis: _____

Yes No Bleeding/Clotting Disorders: _____

Yes No Seizures: _____

Yes No Sleepwalking: _____

Yes No Motion/Sea-sickness: _____

Yes No Others: _____

SPECIAL ASSISTANCE WITH DAILY LIVING NEEDS: Indicate any assistance needed by your child.

Yes No Dressing/Showering: _____

Yes No Eating: _____

Yes No Bath-rooming: _____

Yes No Walking From Place To Place: _____

Yes No Needs Wheelchair Assistance (Describe): _____



Camper Medical Information Form – Patient/Former Patient To be completed by physician or nurse practitioner

Please complete and return by June 1, 2010 to:

Camp Goodtimes West, American Cancer Society

2120 First Avenue North, Seattle, WA 98109

Fax: (206)285-3469

Questions: (206)674-4105/(800)729-1151

PLEASE PRINT OR TYPE

I have examined: _____
(patient's name)

In my opinion, the above named person's condition does not preclude his/her attendance at camp.

Diagnosis and Disease Site: _____

Current Treatment Status (circle one): ON OFF

If on treatment:

Initial Diagnosis Date: _____

Date of Recurrence: _____

Current Chemotherapy: _____

Line Yes No If yes, type _____

VP Shunt or Omayo Yes No _____

Feeding Tube Yes No _____

Other/Complications Yes No _____

If off treatment :

Date of Completion: _____

Complications: _____

Line Yes No If yes, type _____

Feeding Tube Yes No _____

If S/P BMT:

Date of BMT: _____

Date of 2nd BMT: _____

Line Yes No If yes, type _____

Feeding Tube Yes No _____

GVHD Yes No _____

CAMPER NAME: _____

ALLERGIES Please list drug, food, or environment allergies and describe:

Medication	Reaction/Treatment Required

Varicella Immune: Yes No Status Unknown

Camper on Chemotherapy at camp or within 72 hours of start of camp? Yes No

Additional Health Information Needs:

Nurse Practitioner/Physician's Name (Please Print): _____

Nurse Practitioner/Physician's Signature: _____

Date: _____

Address: _____

Phone: _____ Fax: _____

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2120 First Avenue North, Seattle, WA 98109

Fax: (206)285-3469

Questions: (206)674-4105/(800)729-1151

FOR KAYAK TRIP PARTICIPANTS

Camper Name: _____

CAMPER INFORMATION:

We would like to get to know a bit about you before you come to camp. Please answer the following as thoroughly as possible. This information is used for evaluation of the appropriateness of camp for you. Information is shared with the camp staff prior to camper arrival to help promote the best camp experience possible. (please use additional paper as needed.)

HAVE YOU EVER BEEN KAYAKING BEFORE? YES NO

If yes, please describe experience: _____

WHAT EXPERIENCE DO YOU HAVE WITH TENT CAMPING? _____

WHAT CONCERNS DO YOU HAVE ABOUT YOUR PARTICIPATION IN THIS TRIP?: _____

WHAT HOBBIES OR INTERESTS DO YOU HOPE TO PURUSE ON THIS TRIP? (e.g. Bird watching, photography, fishing etc.)

WHAT DO YOU HOPE TO GAIN FROM THIS EXPERIENCE?

We have found that it is helpful for campers to be able to accomplish the following tasks. Carry equipment and personal belongings from the Beach to the camp site (30 – 100 yards); assist in the preparation and clean-up of meals, and paddle 3 to 5 hours per day.

Do you anticipate difficulty in accomplishing these tasks? ___Yes ___ No

If yes, please state your reservations. (Difficulty in accomplishing these tasks is not necessarily a limiting factor, please contact us.)

The information given in this application is true and accurate to be best of my knowledge.

Signature: _____ Date: _____

(Parent if under 18; Camper if 18 or older)

ADULT ONLY FORM - Multiple adults may use this form if they share the same permanent address and all persons read and sign it!

PARTICIPANT AGREEMENT and ACKNOWLEDGMENTS; WAIVER, RELEASE AND INDEMNITY

ACKNOWLEDGEMENTS. Participation and price are based on signing this Participant Agreement and Acknowledgements, Waiver, Release and Indemnity. I acknowledge that the price of all *Sea Quest Expeditions / Zoetic Research* (hereinafter referred to as "*Sea Quest*") ocean and sea kayaking trips, tours and expeditions (hereinafter referred to as "*Trips*") is based on participants signing this document, and that I will not be permitted to participate unless I have read and signed this document.

Governing Law. I acknowledge that the governing law of the Waiver, Release and Indemnity is the law of Washington State, USA.

Binding on Estate and Family. I acknowledge that this Waiver, Release and Indemnity is final and binding upon myself, my children, my parents, my heirs, next-of-kin, estate, executors, administrators, and assigns.

Kayaking on the Ocean and/or Sea Involves Risk. I acknowledge that:

- the Trips involve inherent risks (hereinafter referred to as "Risks") including, but not limited to: unpredictable and extreme environmental conditions such as storms, high winds and waves, and other forces of nature; risks associated with traveling on the open sea, including, but not limited to, collision of vessels, capsize, and shipwreck; insect bites and stings, contact with potentially dangerous wildlife, and travel and hiking ashore in remote terrain; ground, air, and water transport or transfers in remote, rural, or urban areas, and accident or illness in regions without means of rapid evacuation or medical facilities; latent or apparent defects or conditions in equipment, property, food or beverage supplied by *Sea Quest*; risks associated with the use of independent contractors and contact with unfamiliar people; and errors of human judgment;
- the Risks could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties;
- the Risks cannot be eliminated without jeopardizing the essential qualities of the activity;
- kayak guides have difficult jobs to perform in that they are not infallible, they might be ignorant of a participant's fitness or abilities, and they may give inadequate warnings, instructions, or first aid and emergency treatment;
- *Sea Quest Expeditions / Zoetic Research* cannot prevent the Risks;
- *Sea Quest Expeditions / Zoetic Research* intends to minimize the Risks by providing capable guides with knowledge of local sea and weather conditions and experience in rescue and first aid treatment;
- By participating in any of the Trips, I will be exposed to the Risks; and
- I AM ULTIMATELY RESPONSIBLE for my own safety and *Sea Quest Expeditions / Zoetic Research* is not able to guarantee or assume responsibility for my safety during my participation in the any of the Trips.

WAIVER, RELEASE AND INDEMNITY: In return for *Sea Quest Expeditions / Zoetic Research* permitting me to participate in the Trips and to use its kayaks, vehicles, and any other equipment, I do the following:

- Accept Risks: I ASSUME AND ACCEPT ALL RISKS and I voluntarily elect to participate in spite of the Risks;
- Waive all Claims: I WAIVE ANY AND ALL CLAIMS which I may now or in the future have against *Sea Quest Expeditions / Zoetic Research* and all of its affiliates, directors, officers, managers, agents, contractors, volunteers and employees (together, "*Sea Quest Expeditions / Zoetic Research*");
- Release Liability: I RELEASE *Sea Quest* FROM LIABILITY arising from any damage, loss, death, injury, or expense which I may suffer or incur with respect to my person or property as a result of my participation in any of the Trips, even if the same results FROM THE NEGLIGENCE in ANY DEGREE by either ACTS OR OMISSIONS of *Sea Quest*;
- Indemnify: I INDEMNIFY AND HOLD HARMLESS *Sea Quest* from any and all claims, actions, suits, judgments and other legal obligations and liabilities which result or are alleged to result from my participation in any of the Trips; and
- Bear Rescue Cost: I AGREE TO BEAR ALL COSTS of rescue, evacuation, emergency transportation or medical attention rendered to me, or for my benefit, arising from my participation in any of the Trips.

CERTIFICATION OF FITNESS

- I CERTIFY that I am medically and physically fit to participate in the activities.

I have read this Waiver, Release and Indemnity agreement, I clearly understand it, and agree to its terms effective as of the date shown below. By signing this document, I acknowledge that if anyone is hurt or property is damaged and/or lost during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against *Sea Quest Expeditions / Zoetic Research*. I have had sufficient opportunity to read this entire document.

Complete Mailing Address, City, State, Zip

Print Name,

Signature,

Date

HOW DID YOU HEAR ABOUT US? Please be as specific as possible. For instance, if you found us on the internet, which search engine and keywords did you use, or on which website did you see us mentioned? – *Thank you!*

MINOR's ONLY FORM – CHILD/MINOR MUST SIGN FOLLOWED BY BOTH PARENTS SIGNATURES.

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- the Risks could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties;
- the Risks cannot be eliminated without jeopardizing the essential qualities of the activity;
- kayak guides have difficult jobs to perform in that they are not infallible, they might be ignorant of a participant's fitness or abilities, and they may give inadequate warnings, instructions, or first aid and emergency treatment;
- *Sea Quest Expeditions / Zoetic Research* cannot prevent the Risks;
- *Sea Quest Expeditions / Zoetic Research* intends to minimize the Risks by providing capable guides with knowledge of local sea and weather conditions and experience in rescue and first aid treatment;
- By participating in any of the Trips, I will be exposed to the Risks; and
- I AM ULTIMATELY RESPONSIBLE for my own safety and *Sea Quest Expeditions / Zoetic Research* is not able to guarantee or assume responsibility for my safety during my participation in the any of the Trips.

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- Accept Risks: I ASSUME AND ACCEPT ALL RISKS and I voluntarily elect to participate in spite of the Risks;
- Waive all Claims: I WAIVE ANY AND ALL CLAIMS which I may now or in the future have against *Sea Quest Expeditions / Zoetic Research* and all of its affiliates, directors, officers, managers, agents, contractors, volunteers and employees (together, "*Sea Quest Expeditions / Zoetic Research*");
- Release Liability: I RELEASE *Sea Quest* FROM LIABILITY arising from any damage, loss, death, injury, or expense which I may suffer or incur with respect to my person or property as a result of my participation in any of the Trips, even if the same results FROM THE NEGLIGENCE in ANY DEGREE by either ACTS OR OMISSIONS of *Sea Quest*;
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CERTIFICATION OF FITNESS

• I CERTIFY that I am medically and physically fit to participate in the activities. **I have read this Waiver, Release and Indemnity agreement, I clearly understand it, and agree to its terms effective as of the date shown below. By signing this document, I acknowledge that if anyone is hurt or property is damaged and/or lost during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against *Sea Quest Expeditions / Zoetic Research*. I have had sufficient opportunity to read this entire document.**

Complete Mailing Address, City, State, Zip

Print Minor's Name Minor's Signature Date

In consideration of the above minor(s) being permitted by *Sea Quest* to participate in its Trips, I further agree to waive any and all claims, release from liability, and indemnify and hold harmless *Sea Quest* from any and all claims which are brought by, or on behalf of minor(s), and which are in any way connected with such use or participation by minor(s).

Print Parent's Name Parent's Signature Date

Print Parent's Name Parent's Signature Date