

Camp Goodtimes West 2010 Camper Application Packet



Camp Goodtimes West

Dear Camp Goodtimes Campers,

It is time to apply for Camp Goodtimes Summer 2010! We are looking forward to a great time at camp this year during both of our week-long sessions out on Vashon Island.

Please note that each camper needs to have a separate completed application form.

There is one form for Patients/Former Patients and one form for Siblings.

Regardless of date of treatment, Patients and Former Patients need to have a completed medical form. **At this time, we are limiting attendance to one Sibling per Patient/Former Patient.**

The application form and the medical form are to be completed and returned by **April 30th, 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 (patient AND sibling)
- Please specify which camp you would like to attend OR if you are flexible and can attend either. Campers may attend only ONE session.
- Complete immunization history on ALL campers (including siblings) – we do not keep records from prior years. **Do not write “up to date”, specific dates are required**
- Please complete medication sheet for ALL campers needing medications at camp

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

Summer 2010 Dates

June Camp: June 27 – July 3, 2010

July Camp: July 25 – July 31, 2010

******Deadline for all applications April 30, 2010******

**Camp Goodtimes West
American Cancer Society**

2120 First Avenue North, Seattle, WA 98109

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

Camper Application Form – Sibling

I am applying for: June Camp July Camp Can go to Either

CAMPER'S NAME: _____ **NICKNAME** _____
 (Last) (First)

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

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

How many years has camper attended Camp Goodtimes? _____

Name of brother or sister also applying to camp (if applicable):_____

I would like an application for the “Leader in Training program” _____
(16 and 17 year olds July Session Only)

CONTACT INFORMATION: Please complete all sections

Parents or Legal Guardians:

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: _____

For Office use only:

Received		Publicity Release	
Participation/Notarized		Insurance	
Code of Conduct		Medical Update Form	
Consent		Camper Release	
		Pick-Up Form	

CAMPER NAME: _____

Weight _____ lb / kg (Please circle appropriate measurement)

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

If YES, please describe allergy and action required: _____

Please write in dates or Immunization history attached check box
(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		

My child is not receiving some immunizations because of religious or ethical considerations
___ 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: _____

Indicate past medical issues (ex. surgeries, major illness, broken bones)

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): _____

FOR FEMALE CAMPERS:

Has child ever menstruated? Yes No

If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No

CAMPER'S NAME: _____

CAMPER INFORMATION: - Parent Portion

We would like to get to know a bit about your child before they come to camp. Please answer the following as thoroughly as possible. The information is used for both evaluation of acceptance to camp and camper placement. Information is shared with the camper's counselors prior to camper arrival to help promote the best camp experience possible. (Please use additional paper as needed.)

Has camper ever been to Camp before? Yes No Overnight Camp? Yes No

Is your child having any difficulties now physically or emotionally? If yes, please describe:

Please describe your child's special qualities (e.g. quiet, active, hobbies, interests, etc.)

Please describe any bedtime or sleep habits of your child and how they are handled at home.

Camp is filled with many activities (e.g. Swimming, fishing, bike riding, boating, archery, sports, crafts and many others.) Are there any restrictions on any of these activities? Please describe:

Is there anything you would like to tell us about your child that could enhance their camp experience?

CAMPER INFORMATION – Camper Portion (To be completed by camper or with parental aid.)

What excites you about coming to Camp Goodtimes?

What, if anything, concerns or worries you about coming to Camp Goodtimes?

The information given in this application and health history is true and accurate to the best of my knowledge. I give my permission for camp staff to administer medications as needed and indicated by physician.

Parent Signature: _____ Date: _____

