



CHAMP CAMP

1986 - 2010

January 11, 2010

Dear Parent/Guardian,

The Alisa Ann Ruch Burn Foundation would like to invite your child to the 25th Annual Champ Camp, a summer camp experience for burn-injured children. **The dates are June 12-19, 2010.** Champ Camp, a residential (8 day, 7 night) camp opportunity is held at Wonder Valley Ranch in Sanger, California (30 miles east of Fresno). **Through the generosity of many caring and generous supporters, Champ Camp is free, including transportation to and from camp.**

All moderately and severely burn-injured children currently ages 5-16 are welcome to attend, no matter how or when their burn occurred. All we require is that you provide us the accident date, the hospital the child was treated at, and the degree of burns sustained.

To sign your child up for Champ Camp, you must:

1. **RSVP their attendance by May 1st. Call toll free 1 (888) 492-2876**
2. **THEN, fill out the Registration form** and return it ASAP to:
AARBF/Champ Camp • 911 H Street • Fresno • CA • 93721
3. **Mail the Medical Form once your child's physician has signed it** to the address in #2.

If the dates of camp conflict with your child's last week of school (or graduation), please let us know. We will work with you and school administrators to educate and inform them about this valuable experience. In the past we have written letters and made phone contact with school officials.

We hope you are as excited as we are about this special opportunity for your child to enjoy new experiences, build self-esteem, make new friends, and feel comfortable being in a safe and caring environment.

If you have any questions about Champ Camp, please feel free to contact me at camp@aarbf.org. We look forward to having your child at camp!

Sincerely,
Elizabeth "Ginger" Long
Camp and Recreation Manager

P.S. If you would like to see some pictures of previous year's camps, go to www.aarbf.org. You will see kids having fun and some of the activities offered at Champ Camp.





C A M P E R R E G I S T R A T I O N F O R M 2 0 1 0

Child's First Name _____ Last Name _____

Boy ___ Girl ___ Date of Birth ___/___/___ Age on June 13th ___

In June 2010 my child was/is in: Elementary Middle High School

Does your child speak English? YES NO

If you circled no, what is the primary language spoken? _____

Address _____ Apt. _____

City: _____ State: _____ Zip: _____

T-Shirt Size (circle one): Child S M L Adult S M L XL XXL

Ethnicity: Asian Black/African American Native American White
 Hispanic Other: _____

BURN INJURY HISTORY AND TREATMENT

Injury Date: ___/___/___ % Body Surface: _____

Hospital: _____ Length of Stay: _____

Area of body burned: _____ Cause of burn: _____

Is there anything we must do to take care of your child's burn while at camp? (for example, dressing changes, pressure garments, splints, physical therapy, etc.). Please be specific:

C O N T A C T I N F O R M A T I O N * * R E Q U I R E D * *

Home () _____ Cell () _____ Other () _____

Parent E-mail: _____ (e-mail will only be used for camp communications and not added to any lists)

Please contact me at my Home Cell E-mail

Child lives with: Both Parents Mother Father Foster Parents Grandparents
 Other: _____

E M E R G E N C Y P H O N E N U M B E R * * R E Q U I R E D * *

1. _____ Ph. # () _____ Relation to child: _____
2. _____ Ph. # () _____ Relation to child: _____
3. _____ Ph. # () _____ Relation to child: _____



M E D I C A T I O N N E E D S

Is your child currently taking ANY type of medication (circle one) YES NO
 If yes, will this child be using medication during camp? YES NO If yes, please describe what type, the amount and frequency taken.

G E N E R A L I N F O R M A T I O N

Will your child require any other specific type of help that we should know about while at camp?

Is there anything of significance (good or bad) that has happened recently that would cause your child to have mood swings or "out of character" reactions that we should know about? (For example, death, separation, birth, move, etc.)

C A M P I N F O R M A T I O N

Is this the child's first time at Champ Camp?: YES NO

If yes, how did you hear about Champ Camp? Hospital AARBF Staff Fire Department/Firefighter

Camper/Counselor AARBF Website Media/Newspaper

Other: _____

If no, how many times has he or she been to Champ Camp? _____

If this child has been to camp before, indicate which co-cabin mates he/she DOES NOT WANT to be with:

T R A N S P O R T A T I O N I N F O R M A T I O N

There are several locations for bus pick-up & drop-off. Please check the following location that is closest to your area. (Angel Flight is transportation via privately-owned small aircraft at no cost to you).

Los Angeles Bakersfield Fresno Modesto Oakland
 Angel Flight (Usually arranged for kids living in Sacramento, Las Vegas, north of San Francisco and south of Los Angeles)

- In the event that an alternative form of transportation must be arranged via "Angel Flight", please answer the following questions. **Has your child flown in a small aircraft before?**
 YES NO
- **Your child's current body weight** (please be factual, not "wishful") _____ pounds
- **The two closest airports to your residence** 1. _____ 2. _____

R E L E A S E S

The Alisa Ann Ruch Burn Foundation needs your help to support our mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which you participate. Please select what you would like your camper to participate in:

Photo/Video

___ Yes, I authorize the Burn Foundation to use photos/video from camp for public education and possibly a commercial DVD benefiting AARBF. I understand that last name, cause of burn, and any other sensitive personal information will not be revealed without my specific consent.

___ It is okay to take photos/video of my child to be used for camp-specific purposes such as the yearbook and slideshow, but please **do not use it for any other printed materials, including photos of my child at camp on the website.**

___ No, I will not allow ANY photos or video of my child to be used in any way which means they will **NOT be any group photos or the Camp Yearbook.**

Group Survey

___ Yes, my child can participate by completing a quick survey one afternoon while at camp to help develop programs aimed at child burn survivor's needs.

___ No, I would prefer that my child not participate in a group survey that would help other children, like my child, who have experienced burn injuries.

C A M P E R E N R O L L M E N T A G R E E M E N T

1. The camper and his/her parent/guardian agree to abide by the rules and regulations set by the camp for the health, safety, and welfare of the campers.
2. The camp reserves the right to dismiss a camper whose conduct or influence is unsatisfactory, or is, in the opinion of the Camp, not in the best interest of the Camp. In that event the parent is required to pick the camper up immediately.
3. Should both parents, during the camp session, leave their place of residence for an extended period of time, the Burn Foundation should be advised where they can be contacted in case of emergency.
4. The camp is not responsible for lost or damaged articles of clothing or other personal belongings.
5. My signature below states I agree to the terms checked on the photo release and group survey releases stated in this application.
6. I hereby agree to release and indemnify the Alisa Ann Ruch Burn Foundation and Wonder Valley Ranch and all their officers, employees, agents, volunteers and representatives whatsoever, from any claims, cost, expense (including attorney fees) and/or damages which any of them may sustain or incur arising out of my child's participation in activities at Champ Camp.
7. I am the parent or legal guardian of the applicant and acknowledge all answers and information on the application to be true and correct.

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

CAMPER SIGNATURE (14 years and older): _____ **Date:** _____



CHAMP CAMP

1986 - 2010

Spanish Interpretation Available /

Si Necesita Ud. Puede Apilicar en Español -1 (888) 492-2876

C A M P E R H E A L T H & D O C T O R E X A M I N A T I O N F O R M

Child's Name (First & Last): _____ Age: ____ Date of Birth: _____

Parents/Legal Guardian(s): _____ Child Social Security Number _____

Phone () _____ Phone Type (circle one): home work cell

M E D I C A L I N S U R A N C E A N D I M M U N I Z A T I O N H I S T O R Y

Please include a copy of your child's medical insurance card.

Name of Insurance Company for Health and Accident: _____ Policy # _____

If child has a Medi-Cal Card, please give policy #: _____

Attached is a copy of my child's immunization record, including when the child received the shots. (A COPY of school records is acceptable, please *do not send original*).

My child has received the H1N1 Vaccination: (circle one) Yes No

H E A L T H H I S T O R Y

Indicate if child is currently or in the past had any of the items listed below. If yes, give approximate dates.

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Chicken Pox
- _____ Measles/German Measles (circle)
- _____ Mumps
- _____ Head Lice

Concern with Allergies (Please specify): _____

Chronic or recurring illness or medical condition: _____

Any specific activities to be encouraged or restricted from: _____

For GIRLS only... has your child menstruated? (Circle one) YES NO

P A R E N T A U T H O R I Z A T I O N

The Alisa Ann Ruch Burn Foundation (Foundation) REQUIRES that this form to be completely filled out, at the responsibility of the parent/guardian of this child. The Foundation reserves the right to not accept a child if this form is not returned to us prior to the beginning of camp. This information is gathered to assist us in identifying appropriate care.

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I/We hereby give permission to the physician or other medical personnel selected by Wonder Valley Ranch and the Alisa Ann Ruch Burn Foundation to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for my child named above. I/We agree that Wonder Valley Ranch or their authorized agents may administer over-the-counter medications, or their generic equivalent, as deemed necessary such as but not limited to: Calamine lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Tylenol, Neosporin Ointment, Sun block, Sucretes, Sting ointment, Blistex and Visine.

Parent/ Guardian Signature _____

Date _____

*****MEDICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN ON BACKSIDE *****



Please mail all information to the Central Region Office:
Alisa Ann Ruch Burn Foundation, Attn: Ginger, 911 H Street, Fresno, CA 93721
If you have any questions please contact Ginger: 1(888) 495- BURN • Fax (559) 498-1072 • elong@aarbf.org



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***** TO BE FILLED OUT BY A LICENSED PHYSICIAN *****

This examination is for determining fitness and general health to engage in a variety of basic activities while at CHAMP CAMP a summer camp for burn-injured children

Fax to: (559) 498 - 1072

EXAMINATION

Child's Name (First & Last): _____ Age: ____ Date of Birth: _____

Parents/Legal Guardian(s): _____

Child's Weight: _____ lbs Height: _____ Blood Pressure: _____

REQUIRED:

(Circle one)

Often transportation to camp is arranged via private small aircraft . . . In your opinion, is this child medically stable and able to fly in a non-pressurized small aircraft? YES NO

Does this child have any current conditions that you are treating or under your care? YES NO

If yes, explain: _____

Is this child under any type of medications, and/or other treatments that we should know about and therefore administer at camp? YES NO

If yes, explain: _____

Has this child had any past medical conditions that we should know about? (e.g. seizures, heart problems, broken bones, fainting, ear or eye conditions, etc.) YES NO

If yes, explain: _____

Any allergies and or dietary restrictions we need to know about? YES NO

If yes, explain: _____

Any activities to be encouraged or to be restricted? YES NO

If yes, explain: _____

Physician's Signature

Date

() _____ - _____
Physician Phone Number

Address:

Office Stamp Here:
(Optional)



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