

Mail to: Alisa Ann Ruch Burn Foundation/ 665 Third St. Ste. 345 • San Francisco • CA • 94107
Questions: 1 (800) 755-BURN (2876) • Fax (415) 495-7224 • camp@aarbf.org
Spanish Interpretation Available / Si Necesita Ud. Puede Apilicar en Español -1 (800) 755-2876

CAMPER REGISTRATION FORM 2009

Child's First Name _____ Last Name _____ Boy ___ Girl ___

Nickname: _____ (Will appear on the camper name badge) Parent/Guardian Name _____

Date of Birth ___/___/___ Age on June 13th ___ In June '09 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: _____

Home () _____ Cell () _____ Please contact me at my Home Cell E-mail

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

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

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: _____

EMERGENCY PHONE NUMBER (REQUIRED)

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

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

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

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: _____

MEDICATION NEEDS

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. _____

GENERAL INFORMATION

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.)

CAMP INFORMATION

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: _____

TRANSPORTATION INFORMATION

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. _____

RELEASES

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.

CAMPER ENROLLMENT AGREEMENT

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: _____