



January 10, 2008

Dear Parent/Guardian,

Your child is invited to participate in the Alisa Ann Ruch Burn Foundation' 23rd Annual summer camp experience for burn injured children, **Champ Camp!** Champ Camp, a residential (8 day, 7 night) camp opportunity is held at Wonder Valley Ranch in Sanger, California (30 miles east of Fresno). The dates are June 14-21, 2008.

Through the generosity of many caring and generous supporters—**camp is free!** In addition, transportation is provided 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. The "Counselor-in-Training" program is for ages 17-20 and is by invitation only (call our office for more details).

If you are interested in sending your child, you must:

1. Reserve-A-Spot by **May 1st**. Call toll free 1-800-755-BURN (2876).
2. **THEN**, fill out the Registration form and return it as soon as possible to: AARBF/Champ Camp • 665 Third St. Ste. 345 • San Francisco • CA • 94107
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 in which to discuss his or her burns.

Sincerely,

Renée "Baker" Croteau
Champ Camp Coordinator

1-800-755-BURN (2876)
camp@aarbf.org

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

C A M P E R R E G I S T R A T I O N F O R M 2 0 0 8

Child's Name _____ Boy ___ Girl ___ Parent/Guardian Name _____

Date of Birth ___/___/___ Age on June 14th ___ In June '08 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 Phone () _____ Work Phone () _____ Cell Phone () _____

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

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

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

E M E R G E N C Y P H O N E N U M B E R (Other than home and parent work number)

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

B U R N I N J U R Y H I S T O R Y A N D T R E A T M E N T

Injury Date: ___/___/___ % Body Surface: ___ Hospital: _____ Length of Stay: _____

Area of body burned: _____ Are there scars on the child's face or hands? YES NO

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: _____

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.)

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. We need your authorization. Check the appropriate answers AND then sign below.

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 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.

** PARENT / GUARDIAN SIGNATURE: Date:

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. 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.
6. 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:

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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): _____ Relationship to child: _____

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

M E D I C A L I N S U R A N C E

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

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

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
- _____ 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

I M M U N I Z A T I O N H I S T O R Y

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*).

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

- The Foundation REQUIRES that this form 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, Sucrets, Sting ointment, Blistex and Visine.

Parent/ Guardian Signature

Date

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

