

Camper Name _____

Burned Children Recovery Foundation
Camp Phoenix August 22-29, 2009

409 Wood Place Everett, Washington 98203
Office # (800) 799-BURN Fax # (360) 474-0800

To reserve a spot for your child at Camp Phoenix, fill out these forms and return as soon as possible. If you have any questions, please contact me at 800-799-BURN.

Sincerely,

Michael T. Mathis, President/Founder

Camper Application

Camper's name _____ Date of birth _____ Sex _____

Parent/Guardian's name(s) _____

Mailing Address _____ City _____ ST _____ Zip _____

Physical Address _____ City _____ ST _____ Zip _____

Phone (include Area Code) Home _____ Cell _____

Person camper is living with _____ Relationship to camper _____

Address _____ City _____ ST _____ Zip _____

Place of employment _____ Work Phone _____

Camper's T-shirt size (Adult) _____

Has your child attended Camp Phoenix? Yes _____ No _____ What Year(s) _____

Has your child attended any other overnight camps? Yes _____ No _____

Which one(s) and when? _____

Is he/she enthusiastic about attending Camp Phoenix? Yes _____ No _____

Do you need help with transportation for your child to attend camp? Yes _____ No _____

Please note if you have any questions or concerns about any part of the process of how your child will get to or from camp please contact us AS SOON AS POSSIBLE.

Camper Name _____

If the parent or guardian is not available in an emergency, please notify:

Name _____ Home # _____ Work # _____

Name _____ Home # _____ Work # _____

Does camper have any dietary restrictions? Please explain: _____

Has the camper consulted a physician, psychotherapist, or school counselor concerning an emotional problem or is there an emotional trait the Phoenix Camp Staff should be aware of, please explain: _____

If there is anything related to the camper's burn injury we should know, please explain: _____

If your child has any physical limitations (ie, amputations, low endurance, recent surgeries, etc) which may affect their participation in any camp activity, please explain: _____

Does the camper need medications while at camp? Yes _____ No _____

Name of Medicines	Dosage	Route	Frequency (x/day, week, etc)
-------------------	--------	-------	------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Does the camper have a marked fear of (check all that apply):

- The dark
- Animals
- fire
- Being alone
- Being away from home
- other (specify)
- Thunderstorms
- Heights

Camper Name _____

Does your child have any medically related restrictions that will limit him/her from participating in water-activities? Yes ___ No ___ if yes, please specify: _____

Is there anything else that you feel would be helpful for the camp staff to know about your child?

Are there any questions you have at this time? _____

Packing List

Remember to dress for the Puget Sound area (evenings can be very cool). The following is a list of recommended items:

- ❖ Sleeping Bag or Bed roll and pillow
- ❖ Seven (7) Days of Clothes (including socks, underwear, bras, etc)
- ❖ Towels and swimsuit
- ❖ Soap, shampoo, toothbrush/toothpaste, brush/comb, deodorant, sunscreen, personal hygiene items (especially for girls).
- ❖ Coat or rainjacket, sweater, sweatshirt, hat, etc.
- ❖ Boots, sneakers, etc (good idea to bring extra shoes)
- ❖ Flashlight and batteries
- ❖ Any medication, ointments, and or bandages your child will need

Please DO NOT bring valuables or any electronic devices (IPODs, laptops, etc). There are to be NO weapons (including pocket knives). NO street or illegal drugs. All medications MUST to be in the original prescription bottles with the directions on them.

Please note that all children MUST be picked up no later than 10:30am August 29, 2009 as the next camp will be starting then.

Directions to Camp Phoenix

- ❖ Travel **NORTH** on I-5 and take exit 231.
- ❖ At the light, turn **RIGHT** onto Chuckanut Drive.
- ❖ Follow until you see a little store WD Foods and turn **LEFT** onto Allen West Road.
- ❖ At the stop sign, take a **RIGHT** onto Farm to Market Rd.
- ❖ Take an **IMMEDIATE LEFT** onto Darcy Road.
- ❖ At the stop sign, take a **RIGHT** onto Bayview Edison Road.
- ❖ At next stop sign, turn **LEFT** onto Samish Island Road.
- ❖ Turn **RIGHT** onto Scott Road. Follow it to the Community of Christ Campgrounds on the left. Address is 1169 Scott Rd in Bow Washington 98232.

Camper Thoughts...

Camper, please share your thoughts on the following questions:

What are you looking forward to at camp this year? _____

What activity did you enjoy the most at camp, last year? _____

What kind of games do you like? _____

What is your favorite board game? _____

What are your favorite hobbies? _____

Do you like to play sports? What kind? _____

Do you like to read? _____

Do you like to do puzzles? _____

Burned Children Recovery Foundation Camp Phoenix

Camper Pick-Up Release Form

Please list the names of any person/ persons who will be allowed to pick up camper in the event of an emergency or upon returning from camp. This camper will only be released by the Burned Children Recovery Foundation's Camp Phoenix to one of the individuals listed below.

1. _____
2. _____
3. _____
4. The Staff of the Burned Children Recovery Foundation

Parent/Guardian Signature _____ Date _____

Camper Photography Release Form

I hereby grant permission for the taking of pictures and/or release of information regarding:

Camper's name _____ Date of birth _____

Parent/Guardian's name(s) _____

Mailing Address _____ City _____ ST _____ Zip _____

Physical Address _____ City _____ ST _____ Zip _____

Phone (include Area Code) Home _____ Cell _____

The photograph(s) and /or general information may be used as needed in the administration of the Burned Children Recovery Foundation's Camp Phoenix (including publication on their website) and/or may be published in or used by any of the media (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.) without any liability on the part of the Burn Children Recovery Foundation.

Parent/Guardian Signature _____ Date _____

Burned Children Recovery Foundation

Camp Phoenix

Agreement and Release Form

In Consideration of the Burned Children Recovery Foundation undertaking a camp program of benefit for the health and welfare of (Camper's Name) _____ (hereinafter called "Camper") and activities, incidental thereto, including transportation provided by the Burned Children Recovery Foundation to and from Camp Phoenix at the request of the undersigned acting on behalf of all of the Camper's parents or Guardians, the undersigned agrees, represents and certifies as follows:

1. The undersigned is a parent or legal guardian of the camper and has full and complete authority from all parents or legal guardians of the Camper to execute this agreement on behalf of said parents or legal guardians.
2. It is recognized that the Camper's participation in the camping program mentioned above and related activities involves risk of bodily injury and property loss and damages incidental to such type of activities, and it is agreed that the Camper and all of the Camper's parents or legal guardians assume the risk of any such injury, loss, or damage.
3. The undersigned and all of the Camper's parents or legal guardians individually and as such parent or Guardians, hereby, waive, remise, release and forever discharge The Burned Children Recovery Foundation and its respective officers, agents, employees, and representatives, of all liability, claims or demands for damages whatsoever, except for those resulting from recklessness or willful misconduct, or on account of the personal injury to the Camper or loss or damage to the Camper's property resulting from, participation in the above mentioned activities, during the Burned Children Recovery Foundation, Camp Phoenix **2009**, including by way of illustration but not limitation, injury, loss or damage occurring during travel to and from the Camp; activities held therein; overnights, meals, rest and waiting periods. The undersigned and all of the Camper's parents or legal guardians further hereby agree to hold harmless and to indemnify and defend the aforesaid Burned Children Recovery Foundation and its respective officers, agents, employees and representatives, from and against any claims, loss, damage, cost, or expense including reasonable attorney's fees, that may be incurred as a result of any such action, claim, or demand except for those based upon acts of recklessness or willful misconduct.
4. The Burned Children Recovery Foundation is hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Camper's participation in any of the above mentioned activities, if in their sole judgment, the condition of the Camper, because of injury, illness or otherwise, requires such emergency treatment, and the Burned Children Recovery Foundation and its respective officers, agents, employees and representatives, are hereby remised, released, and forever discharged by the undersigned and all of the Camper's parents or legal guardians from any liability for all of their decisions and actions, made and done in good faith, in administering such emergency medical treatment.
5. By signing this Agreement and Release the undersigned hereby acknowledges and represents that he/she has read and understands (1) each of the provisions contained herein, and (2) the activities in which the Camper will participate during the Camp program.

Dated at _____ this _____ day of _____, 2009
(City, County and State) (Date) (Month)

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

This must be signed by an adult witness.

Burned Children Recovery Foundation
Camp Phoenix
Airfare Agreement Form

It has become necessary for us to draw up an agreement for the airfare portion of your child's transportation to Camp Phoenix. This is in part to protect your child as well as to protect unnecessary spending by the Burned Children Recovery Foundation.

I, _____ (Parent/Guardian) of _____ (Camper), agree that in the event that I sign off on the airfare and Camp Phoenix for my child to attend the Burned Children Recovery Foundation's Camp Phoenix that my child will indeed attend Camp Phoenix scheduled for **August 22 - August 29, 2009**. In the event that at some later date after authorizing this agreement with the Burned Children Recovery Foundation to purchase airline tickets for my child to travel to the Camp, if I or any other member of my family, decides not to have the above named child attend camp and forfeit the airline ticket, I do agree to reimburse the Burned Children Recovery Foundation for the cost of the Airline ticket, and any other travel related cost as well as camp fees and cost that have been incurred for my child as a result of my child's application to attend Camp Phoenix.

It has become necessary for the Burned Children Recovery Foundation to establish this contract to protect us in the event that we purchase tickets for your child's travel, and in the unlikely event that you should decide that your child will not attend, after the airline tickets have been purchased, as well as the camp fees we can recover the cost of the airfare and camp fees. We are a non profit organization and we try very hard to utilize the funds that we raise for the children in the best way for the children. This contract is in an effort to come to an understanding that we all want to do what is in the best interest of all children. In return we the Burned Children Recovery Foundation does agree to pay for the airfare and camp fees up front with the understanding stated above. We purchase airline tickets and other camp fees in advance to try to save on cost, as well as to arrange for several Burn Survivors to be able to travel together. When we purchase the tickets we agree that the tickets are non-transferable and non-refundable. Therefore it is very important that we protect ourselves as well as your child. There are several activities that we do that require additional tickets and fees, such as the outside field trips.

At this point in the new security changes we also ask you to check in at the airport two hours in advance to make sure all you get your child checked in prior to the your child's flight. At this point I know that they will require some kind of photo ID, as well as a signed agreement for pick up. Enclosed in your full camp application packet is a release form for transportation. It is very important that you put the names of two other people that are allowed to pick up your child in the event that you will not be able to pick the child up yourself.

Parent/Guardian Signature _____ Date _____

Mailing Address _____ City _____ ST _____ Zip _____

Phone (include Area Code) Home _____ Cell _____

Camper Name _____

Burned Children Recovery Foundation **Camp Phoenix - August 22-29, 2009 - Physical Examination Form**

**Complete this form and have it signed by a licensed physician.
Campers will be denied admittance without a completed signed form.**

Camper's name _____ Date of birth _____ Gender _____
Weight _____ Height _____ Temp _____ Pulse _____ Resp _____
Build: Slender _____ Medium _____ Large _____ Blood Pressure _____ Normal Range: Yes ___ No ___
Any Vital Signs need to be monitored during stay? Yes _____ No _____ If yes, please specify type and Frequency? _____

Immunization History (Record month and year): DPT _____ Rubella _____ T.B. _____
Polio _____ Small Pox _____ Measles _____ Mumps _____ Tetanus _____
HIB _____ Other Immunizations (type/date) _____

Please note date and type of Surgery, Injury and/or chronic or recurring illness

Name of Medicines	Dosage	Route	Frequency (x/day, week, etc)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The applicant is under the care of a physician for the following condition(s) (please include the treatment and/or medications) _____

Does this camper have any history of: seizures _____ Diabetes _____

Recommendations and Restrictions While At Camp

Any treatment to be continued at camp _____

Any medically prescribed meal plan/dietary restrictions: _____

Any allergies _____

Additional Health Information _____

I have examined the above Camp Phoenix applicant. In my opinion, the above condition(s) Does _____ Does Not _____ preclude his/her participation in an active camp program.

Physician's Signature: _____ Date Signed _____

Print Physician Name _____ Clinic/Office Name _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Email _____