



Camp Can Do at
Gretna Glen Camp & Retreat Center
Registration Address:
P.O. Box 790088
Charlotte, NC 28206
(980) 999-0689
registration@campcandoforever.com
www.campcandoforever.org

Dear Parent/Guardian of Patient Camper:

Camp Can Do and Gretna Glen are excited to offer this exciting, in-person camp opportunity.

PLEASE NOTE: Due to the changing nature of COVID-19, camp will be implementing many new safety protocols. We are following all CDC and ACA (American Camping Association) guidelines, as well as working closely with our own team of medical professionals. Some protocols will not be finalized until closer to the start of camp, and we ask that you are patient with us as we make the safest determinations at the appropriate times. All rules, such as masking requirements and social distancing procedures will be communicated with you as camp draws nearer.

ALL CAMPERS AND STAFF WILL BE REQUIRED TO BE UP TO DATE ON VACCINATIONS, INCLUDING BOOSTERS. There will be MANDATORY TESTING REQUIREMENTS that you will need to complete PRIOR to arrival at camp.

If you are unable to help your child fulfill these requirements, please do not apply for camp this season. Your child will not be allowed to attend. Camp Can Do must protect the health and well-being of ALL of our camp family, so if you feel the 2022 season is not a good fit for your child, we sincerely hope that 2023 offers a less-restrictive environment.

Dates for Patient Camp: August 7-13, 2022

Bus transportation is available:

St. Christopher's Hospital in Philadelphia, PA

Lehigh Valley Hospital in Lehigh, PA

Criteria for eligibility to attend:

- Children must be between ages of 8 and 17
- Children who have completed treatment prior to their 5th birthday are not eligible to attend camp
- Children who have special needs will be considered on a case-by-case basis.

Please check off the required information below and return by July 15th, 2022.

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Camper Agreement (signed by camper/parent) |
| <input type="checkbox"/> Camper Medical History Form | <input type="checkbox"/> Consents and Authorizations (initial each) |

Please be sure that the parent/guardian signatures or initials are included, for we CANNOT officially register your child without them. Unsigned forms will be returned to you.

If you have any questions regarding registration, please feel free to contact Camp Can Do's registration office at (980) 999-0689.

2022 CAMP CAN DO PATIENT CAMPER APPLICATION

If filling out a paper application, please mail to: Camp Can Do, P.O. Box 790088, Charlotte, NC 28206.
This application MUST be completed by a parent or legal guardian.

Name: _____ Nickname: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Parent Email (required): _____ Date of Birth: _____ Age: _____ Grade in school: _____

T-Shirt Size (Adult Sizes): Small Medium Large X-Large XX-Large

Camper's Primary Language: _____

Have you been to Camp Can Do before? Yes No If yes, number of times: _____

Will your child need bus transportation to and from camp? Yes No

If yes, choose location: St. Christopher's Lehigh

EMERGENCY CONTACT (must be a parent or legal guardian)

Name: _____ Daytime phone: (_____) _____

Evening: (_____) _____ Cell: (_____) _____ Relationship: _____

If above cannot be reached: Name _____ Daytime phone: (_____) _____

Evening: (_____) _____ Cell: (_____) _____ Relationship: _____

PHYSICIAN INFORMATION:

Name: _____ Office phone: (_____) _____

Treatment Center: _____

List any dietary restrictions or special food needs: _____

Does camper have a problem with any of the following?

Bedwetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dressing Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Following Instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nightmares	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Getting along w/others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is there anything else you would like to share with Camp Can Do staff so that they can provide the best possible camp experience for your camper? _____

CONSENT AGREEMENT, AUTHORIZATION AND RELEASE

This Consent Agreement, Authorization & Release must be read and signed by a parent or legal guardian for the camper to be eligible to attend Camp Can Do.

Participants full name: _____ (PLEASE PRINT)

_____**RELEASE OF LIABILITY (please initial)** The undersigned, parent or legal guardian of the above-named camper, do hereby give (our/my) permission and consent to the participation of the camper in all activities of Camp at Gretna Glen including the trip to Hershey Park and we do hereby release and discharge the Camp Can Do, Gretna Glen, its agents, employees and officers and their respective successors, heirs, and assigns from all claims, demands, action, judgments or causes of action of any nature whatsoever, which the undersigned or the camper, now has or may in the future have as a result of any injury of injuries arising out of the participation by the camper in the activities of Camp at Gretna Glen. We understand that certain activities of Camp may be hazardous and except as indicated herein, we know of no reason why the camper should not participate in such activities. We have excused this consent and release with full knowledge of its significance and we understand all of its terms. In witness whereof, intending to be legally bound hereby, we have executed this consent and release this day and year first below written.

_____**CONSENT FOR MEDICAL TREATMENT (please initial) *Camp Can DO & Gretna Glen is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*** I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation for my child in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations of my child.

_____**PHOTO AND VIDEO CONSENT (please initial)** I consent that photographic and/or video pictures may be taken of my child for the purpose of obtaining publicity for Camp Can Do. I also give consent for my child to be interviewed for television or newspaper while he/she is attending Camp Can Do.

_____**CODE OF CONDUCT (please initial)** All campers will follow all the bus rules while en-route to and from camp. Each camper is to take a full and active interest in all parts of the planned program, including attending all activities as scheduled. All campers will be in the assigned cabins at the nightly curfew time specified by the camp director. Campers will respect the rights and property of other campers and staff. Campers will follow all Gretna Glen camp rules. Campers should refer any problems or concerns they are having to their counselors or another staff member.

_____**BUS CODE OF CONDUCT (please initial)** Stay seated at all times; noise level should be such not to distract the driver; there will be no throwing objects or other disruptive behavior and passengers should enter and leave the vehicle under the direction of a staff member and/or driver and use the buddy system if leaving the vehicle.

_____**LOSS OF PRIVILEGES AT CAMP OR BE SENT HOME IF (please initial)** deliberate destruction of facilities or equipment; intentionally harming another camper or staff member; possession or use of fireworks, firearms or knives; possession or use of un-prescribed drugs or alcohol; serious or repeated violations of general camp rules or possession of tobacco products.

_____**CELL PHONE POLICY (please initial)** Camp Can Do rules prohibit the use of cell phones at camp. Due to current times and the growth in technology, we realize that not having a cell phone may seem outdated. However, we believe that cell phones hinder the full camp experience.

Any cell phone brought to camp will be collected upon camper arrival and kept safe by the director team. If you have an immediate need to contact your child, please call GG at 717-273- 6525. If there are any extenuating circumstances that require communication with your child during camp, please make arrangements with the director team prior to camp.

_____**NO SUMMER MEDICATION HOLIDAYS (please initial and sign)** Camp Can Do strongly encourages all campers to continue with any behavior changing medications, such as Aderal, Dexedrine, Dextrostate, Concentra, Ritalin, etc. It is important that Camp Can Do maintain a certain structure and regiment, much like the school environment. Therefore, it is essential that your child remain on prescribed medication(s) the entire week of camp. This will help ensure the best camp experience for every camper. Often times, behavior that takes place when children are off of their usual medication can be disruptive to other campers and staff. As a result, your child may run the risk of being sent home in

the event of a behavior issue. This is not an option that Camp Can Do wants to exercise.

_____ **COVID-19 POLICY (please initial)** I understand that if my child can't/won't comply with ALL COVID-19 protocols put in place by Camp Can Do and Gretna Glen, they will be sent home. I understand it is the parent's responsibility to ensure that the camper is picked up and taken home as quickly as possible.

_____ **BULLYING POLICY (please initial)** Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: through the use of e-mails, text messaging, instant messaging, social media, and other less direct methods. This type of bullying can also lead to persons being hurt during or between the camp seasons and be especially hurtful when persons are targeted with meanness and exclusion. It is our vision at Camp Can Do to provide a welcoming atmosphere and a sense of home for all of our campers through our dedication to quality programming, outstanding service, and inclusion. The spirit of Camp Can Do fosters relationships, builds character, and creates memories that will last a lifetime.

In order to ensure that everyone has this positive experience, we want all of our camp families to understand that the physical and emotional safety of each of our campers is our number one priority. Therefore, at Camp Can Do, bullying is inexcusable and is grounds for immediate dismissal from camp.

If bullying behavior is witnessed by staff:

- Immediately intervene and separate. Bullying will never be ignored.
- Calmly address those involved separately and out of the direct attention of other camper
- Report incident to leadership immediately
- Leadership will address with staff at next staff meeting or as deemed necessary.
- Follow up throughout the week with all parties involved. Reinforce positive behavior.

Responsibilities to the Victim:

- Support those who were bullied
- Develop strategies to address the problem should it reoccur
- Encourage them to seek help from an adult
- Assure them that it's not their fault they were bullied

Responsibilities to the Bully:

- Communicate the bullying behavior witnessed and why it's unacceptable
- Explain effect of their bullying on others and themselves
- Encourage to seek help from an adult when tempted to act out inappropriately

If bullying behavior is repeated or first-time event is deemed severe:

- If improvement is not made after intervention, parents of both bully and victim may be contacted
- Parents may have a chance to talk with their child
- A camper may be sent home depending on severity or continued undesired behavior

X _____ Date _____
Parent/Legal Guardian Signature

Please return these forms to:

**Camp Can Do
P.O. Box 790088
Charlotte, NC 28206**

CAMP CAN DO CAMPER CONTRACT

We want Camp Can Do to be as much fun as always. The following rules have been developed to ensure that everyone has a fun and safe camp. We would like campers and their parents to read the following rules and sign below if you understand and agree to follow them. This form **MUST** be signed in order to attend Camp. **GENERAL CAMP CAN DO AND GREтна GLEN CAMP RULES WILL BE REVIEWED ON THE FIRST DAY OF CAMP**

- Each Camper will follow all bus rules while riding to and from camp.
- Each Camper is to take a full and active interest in every part of the planned program, including attending all activities as scheduled.
- All campers will be in their assigned cabins at curfew specified by the camp director.
- Campers will respect the rights, property and feelings of others campers and staff.
- Campers will follow all Gretna Glen camp rules.
- Campers should refer any problems or concerns they are having to their counselors, camp director or medical staff.
- Campers will not participate in bullying behavior at camp.
- Campers will follow camp rules regarding communication devices (phones, cameras, MP3 players/iPods, etc.)
- Campers will follow Camp Can Do rules regarding social networking, Facebook & the internet.

BUS RULES

- ✓ Stay seated at all times
- ✓ Noise level should not distract the driver
- ✓ There will be no throwing objects or disruptive behavior
- ✓ Campers should enter and leave the bus as directed

CAMPER MAY LOSE PRIVILEGES OR BE SENT HOME IF THEY ARE INVOLVED IN THE FOLLOWING:

- ✓ Deliberate destruction of facilities or equipment
- ✓ Intentionally harming another person
- ✓ Possession or use of fireworks, firearms, knives or other weapon
- ✓ Possession or use of drugs or alcohol
- ✓ Serious or repeated violation of general camp rules
- ✓ Possession or use of tobacco products

Camper Signature (**REQUIRED**): I understand and agree to follow the Camp Can Do Camper Contract and am aware that I may lose privileges at camp or be sent home if I do not follow these rules:

Camper Name: (please print) _____

Camper Signature: _____ Date: _____

Parent Signature (**REQUIRED**): I have read and understand the Camp Can Do rules and I am aware that my child may lose privileges at camp or be sent home if rules are not followed. It is my responsibility to pick up my child should they be sent home because of their behavior.

Parent Signature: _____ Date: _____



Camper Medical History Form

To be completed by parent or guardian

Camper Name:

Diagnosis:

Date of Diagnosis:

List any Learning Differences (ADHD, Asperger's, Autism, etc.). *Please note: This information will not be shared outside of our staff. No discrimination will result from the disclosure of any learning differences. This information is collected so that we can BEST serve your child.

Relapse Date (if applicable):

Treated with (check all that apply) Chemotherapy Radiation Surgery Transplant

Has Camper completed therapy? Yes No **If yes, date of most recent treatment:**

Type of Treatment:

Drug Allergies:

Food Allergies:

Environmental Allergies (bees, latex, etc.):

Please list any surgeries:

Date:

Date:

Date:

Height:	Weight:
Devices: <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Contacts <input type="checkbox"/> Wheelchair	
<input type="checkbox"/> Prosthesis Type:	
<input type="checkbox"/> Other (explain):	
Describe any special conditions needed while at camp:	
Describe any physical disabilities, limitations or restrictions:	

All applications must be received by July 15, 2022

You will receive an email from CampDoc asking you to complete your child's full medical history. This will include a medical exam form that must be completed by the child's physician.

NO Camper will be allowed to attend camp without a completed Medical Form!!!!

Any Medications sent to camp with your child need to have the **original containers with the patient's name, medication name, dosage and times given printed clearly on the label**. You may send medications in a medication box but **original medication containers** MUST accompany it!!!!