Thank you for your interest in Camp Hopetáke. Camp Hopetáke is a week long summer camp for children aged 5 to 17 who have survived a burn injury. The camp is fully funded by the Tampa General Hospital Foundation and Tampa Fire/Rescue Local 754. Our goal is to provide a safe and supportive environment for these children. We are eager for camp to begin and have been planning for the best activities that any camp has to offer!

 Our camp is located on the campus of the University of South Florida. The camper’s will be dropped off at and picked-up directly at this location. I will provide maps and directions in the camp acceptance package. We are going to have a great and adventurous week at camp this year!

 If you have any questions, please feel free to contact me by email at mollykmorris@tgh.org or via the Camp Hopetáke voicemail (813)844-3381. Please leave a detailed message and return phone numbers and I will return your call as soon as possible.

 Thank You,

 Molly Morris BSN, RN

 Camp Hopetake Coordinator





Camp Hopetáke

A good camping experience has many educational and psychological benefits, as well as overall enjoyment. To ensure that each camper will have the very best camping experience possible, we ask that you, both parents and campers, share with us some of your goals for camp, as well as required background information.

It is vital that you fill out these forms **CAREFULLY AND COMPLETELY**. This enables our staff to become more acquainted with each camper before their arrival and to make program plans to meet the specific needs of the campers attending Camp Hopetáke. Since this information changes as the camper grows and develops over the years, we ask that you complete all requested information with each new camp application.

Camp is held in **June** of each year! We will update you on the dates as soon as we have them. However, please return the online application as soon as possible!!! Camper space is limited and is on a first-come, first-served basis. Applications must be received by **April 30th** of the year you planon attending. Please utilize the enclosed checklist to ensure all application forms are completed and enclosed.

Due to an increased interest in Camp Hopetáke and the limited amount of spaces available, applications will be reviewed for completion and considerations made as to which applicants are most appropriate to attend camp. Camp Hopetáke screens each application thoroughly and a phone interview may be necessary for new applicants. Failure to thoroughly complete your application may result in the inability to attend camp. Our ultimate goal is to provide a safe and enjoyable environment for the campers. You will be notified in writing regarding the status of your application within 2 weeks after the application deadline.

A physical and an up-to-date immunization record are required from your pediatrician, so call and make an appointment early. These are necessary to ensure your child’s health and safety and are required annually. They must be dated within the last calendar year and enclosed with your application.

Please print and mail the completed application to this address:

 Molly Morris BSN, RN

 Tampa General Hospital

 Regional Burn Center

 One Tampa General Circle

 Tampa, Florida 33606

Camp Hopetáke

Photograph Consent and Information Release Form

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

Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The photograph(s) and/or general information may be used as needed in the administration of Camp Hopetáke and/or may be published in, or used by, the media or hospital/firefighter publications (including newspapers, magazines, television, radio, pamphlets, brochures, reports, websites (to include social networking sites such as Facebook), and fundraising efforts, etc.) without any liability on Tampa General Hospital and Tampa Firefighters Local 754, its agents or employees.

Parent or Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Camp Hopetáke**

**Camp Rules**

1. All youths visiting the USF Campus and participating in Camp Hopetáke will be under adult supervision at all times.
2. Alcohol, tobacco, illegal substances, lighters, matches, weapons, sharp objects are NOT permitted at Camp Hopetake. Camp Directors reserve the right to search camper belongings if such items are reported or are suspected to be present.
3. Campers are not allowed to arrange for friends to meet them at Camp destinations. Camp Hopetáke counselors will not allow friends to accompany campers during these trips.
4. The use of foul language is not permitted by any camper.
5. Cell phone and portable device usage is a privilege. It will be at the discretion of camp supervisors. Cell phone privileges may be limited. We want to encourage camp interaction and participation. If cell phones/portable devices disrupt a camper’s participation, it is at the discretion of counselor’s to retain the device during activities.
6. Campers will respect each other’s belongings.
7. Misbehavior will result in supervised time-out and/or loss of activity privileges. Continued and ongoing behavior problems will result in dismissal from camp at the Camp Director’s discretion. Parents will have 3 hours to come and pick them up.
8. Campers may be sent home for behavior problems or illness. Parents must be available to pick up ill or dismissed campers within 3 hours from notification by Camp Director.
9. ALL CAMPERS WILL HAVE A GREAT TIME AT CAMP HOPETÁKE!!!!

 Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campers Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 Camp Hopetáke

APPLICATION PACKET CHECKLIST

All of the following forms must be included to make a complete application packet. Failure to complete all required forms may result in the inability to attend camp. Call your pediatrician now for an appointment if needed for these forms.

* + Health History Form
	+ Yellow Physical Form from Primary Physician
	+ Blue Immunization Record from Primary Physician
	+ Parent Questionnaire
	+ Camper Questionnaire
	+ Camp Rules Form
	+ Photography Consent Form
	+ Waiver Agreement—THIS MUST BE NOTARIZED

Most banks and mail service stores (such as UPS Stores) have notary services. There is usually a small fee associated with the service.

CAMP HOPETÁKE

Health History and Information Form

(Please fill out forms completely, leaving no spaces blank.)

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_/\_\_\_\_\_/\_\_\_\_\_ T-Shirt size\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number of Camper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial Parent/Legal Guardian—Mandatory Fill Out Completely**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Parent/Legal Guardian/Emergency Contact Person**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third Emergency Contact Person**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Carrier or Plan Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Information**

Name of Primary Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any Specialist treating your child

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES**

**Medication Allergies**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Allergies**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Allergies (bee stings, hay fever, etc.)**

List All\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS**

Medications Camper is currently taking:

Med #1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Med #2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Med #3 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatments or Dressings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custodial Parent/Legal Guardian Authorizations:**

This health history is correct and complete to the best of my knowledge, and the person herein described in this Health History and Information Form has permission to engage in all camp activities except as noted. I hereby give permission to Camp Hopetáke to provide routine healthcare, administer prescribed medications, and arrange for emergency medical treatment including x-rays and necessary tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Hopetáke to arrange for EMS transport of my child for emergency medical care. In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director and the physician selected by the camp to secure and provide emergency treatment, including hospitalization, for the person named above in this form as the camper.

Signature of Custodial Parent/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Please make an appropriate selection below:**

|  |  |  |
| --- | --- | --- |
| **Has your camper ever had or Does this apply to your camper** |  **Yes** |  **No**  |
| Any recent injuries/illness? |  |  |
| Have a chronic illness/condition? |  |  |
| Ever been hospitalized? |  |  |
| Ever had surgery? |  |  |
| Have frequent headaches? |  |  |
| Ever had a head injury? |  |  |
| Ever knocked unconscious? |  |  |
| Wear glasses, contacts, and/or hearing aids? |  |  |
| Have frequent ear infections? |  |  |
| Ever passed out during exercise? |  |  |
| Ever had Seizures? |  |  |
| Ever had chest pain during exercise? |  |  |
| Ever had high blood pressure? |  |  |
| Ever been diagnosed with a heart condition? |  |  |
| Ever had back problems? |  |  |
| Ever had problems with their joints? |  |  |
| Have any orthodontic appliances? |  |  |
| Have diabetes? |  |  |
| Have asthma? |  |  |
| Had mononucleosis in the past 12 months? |  |  |
| Had problems with diarrhea/constipation? |  |  |
| Have problems with sleepwalking or other sleep disorders? |  |  |
| Females—any abnormal menstrual history? |  |  |
| Have a history of bed-wetting? |  |  |
| Ever had an eating disorder? |  |  |
| Ever had emotional difficulties for which you sought professional help? |  |  |
| Do you wear pressure garments?If so, how many sets? |  |  |

Please take a moment and explain in detail any “yes” responses from above questionnaire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL REQUIRED FORMS**

The following 2 forms MUST be included in your application packet!!!

1. Yellow Physical Form from your Primary Care Physician
2. Blue Immunization Record from you Primary Care Physician

**CAMPER QUESTIONNAIRE**

Please draw or tell us something about your school. Explain what happens there. Tell us something about your teacher and the other students in your class.

Please draw or tell us something about your friends. Who are they? What are their names? What activities do you and your friends like the most?

**CAMPER QUESTIONNAIRE**

What are your hobbies?

What do you hope to do or learn at Camp Hopetáke this summer?

**PARENT QUESTIONNAIRE**

How was your child burned? Please be specific

Is your child accustomed to being away from home? Yes No

Is your child excited to come to camp? Yes No

Has your child had a happy or unhappy experience at camp? Please Explain.

With whom does your child live?

Are the camper’s parents separated or divorced? Yes or No

Has your child had any special problems associated with academic performance or behavior? If yes—please explain.

Rehabilitation Needs

Does your child wear pressure garments? Yes No

If yes—Please instruct on which body areas are affected and the recommended schedule for wearing their garments.

How many sets of garments will be brought to camp?

Does your child wear splints or orthopedic devices? Yes No

If yes—please explain

Does your child presently receive Occupational Therapy? Yes No

Does your child presently receive Physical Therapy? Yes No

Does your child have any limitations in their strength or range of motion? Yes No

Does your child have?

\_\_\_\_\_One special friend

\_\_\_\_\_A variety of friends, but no one particular friend

\_\_\_\_\_Both a close friend and a large circle of acquaintances

\_\_\_\_\_Difficulty making friends

How would you describe your child’s adjustment to their burn injury?

List any activities/programs your child is involved in such as sports, scouting organizations, dance, etc. Has this changed since their burn injury?

How can we be of help to your child while at camp?

**CAMP HOPETAKE**

**Waiver and Release Agreement**

Please read carefully before signing.

Initial or Complete Highlighted Areas.

This is a release of liability and waiver of certain rights.

This form **MUST** be complete for acceptance into camp.

**The application will be returned if not complete.**

\_\_\_\_\_\_In consideration for my being permitted to participate in the activities of **CAMP HOPETAKE,** I agree to the following Waiver and Release:

\_\_\_\_\_\_I acknowledge that there are certain inherent risks associated with camp activities.

\_\_\_\_\_\_I UNDERSTAND THAT THESE RISKS INCLUDE BUT ARE NOT LIMITED TO:

1. Contracting a communicable disease
2. Sustaining an injury during play and other camp activities.
3. Potential for the participant to act in a negligent manner that may contribute to sustaining an injury or causing the injury of others.
4. Swimming injuries.
5. Temperature extremes.
6. Insect bites.
7. Sustaining an injury during transport to and from Camp activities on site and off in the event of a motor vehicle collision.
8. Hazards related to inclement weather.

I understand that all possible precautions will be taken to prevent any injury and that all foreseeable safety precautions will be taken. I understand that I have responsibilities. My participation is purely voluntary. No one is forcing me to participate and I elect to allow my child to participate in spite of the risks.

\_\_\_\_\_\_Lastly, I, for myself, my heirs, successors, executors, and subrogates hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS **TAMPA GENERAL HOSPITAL, TAMPA FIRE AND RESCUE, THE CITY OF TAMPA, THE UNIVERSITY OF SOUTH FLORIDA, THE STATE OF FLORIDA BOARD OF GOVERNORS AND THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES,** their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney’s fees) which are related to, arise out of, or are in any way connected with my participation in this activity including but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of the services provided. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to **sue TAMPA GENERAL HOSPITAL, TAMPA FIRE RESCUE, THE CITY OF TAMPA, THE UNIVERSITY OF SOUTH FLORIDA, THE STATE OF FLORIDA BOARD OF GOVERNORS AND THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES** as a result of any injury, paralysis, or death suffered in connection with my participation in the activities of **CAMP HOPETAKE.**

**As the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, minor participant in Camp Hopetake, I agree to allow him/her to participate in all the activities of CAMP HOPETAKE and agree to all waivers and releases on behalf of said minor.**

**\_\_\_\_\_\_I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.**

This form must be notarized.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE SIGNATURE OF LEGAL GUARDIAN

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT NAME OF LEGAL GUARDIAN

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT NAME OF MINOR

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE Witness

 Notary Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date\_\_\_\_\_\_\_\_\_\_