

The logo features the text 'CAMP STAR M P' in a bold, black, sans-serif font. The word 'CAMP' is arranged vertically, with 'C' at the top, 'A' in the middle, and 'M' at the bottom. The word 'STAR' is positioned horizontally in the middle, with a yellow star replacing the letter 'A'. Below 'STAR' are the letters 'M' and 'P' stacked vertically. The entire text is set against a background of several large, yellow, five-pointed stars of varying sizes and orientations, some overlapping each other.

**C
A
M
P
S
T
A
R
M
P**



CAMPER Registration

WELCOME!



WELCOME! Camp STAR summer camp is Sunday, August 6 through Saturday, August 12, 2017!

We are open to youth between the ages of eight to 18 who live with limb difference or loss. Camp will be held at Camp Kon-O-Kwee/Spencer in Fombell, Pennsylvania. We encourage all children, no matter their current situation, to attend camp to experience first-hand the fun and friendship of being with other kids and staff with similar circumstances!

DROP OFF: Sunday, August 6, between 11 a.m. and 1 p.m. (if you need to drop off before or after, please contact Cindy McCue)

PICK UP: Saturday, August 12: Please join us for our closing lunch, slide show and camper acknowledgements at NOON.

CONTACT: Cindy McCue, 412-370-5481 or cindymcq1@gmail.com

FEE: Thanks to the generosity of many donors, a \$50 non-refundable registration fee is the only cost requested of each camper, however, no camper is ever turned away for financial reasons! Please contact Cindy McCue at 412-370-5481 or cindymcq1@gmail.com if financial considerations are needed.

We look forward to seeing you this August, so fill out your application and send it in today!

SEE YOU SOON!

Cindy and Terry McCue

Your Camp STAR Directors

In order for your registration to be complete, you must send all of the following to:

Camp STAR, 2504 Atlas Street, Pittsburgh, PA 15235

- Please include a recent photo of your camper. If you have a digital picture, please email it to cindymcq1@gmail.com.
- Check or Money Order payable to: Camp STAR
- Health information and Medical form
- Parental Medical Authorization Form
- Parent's Consent and Liability release form

It is VERY important that you fill the application out entirely and return it in a timely manner. This is vital so we may plan a safe and enjoyable camp experience for your child.

Registration Deadline: July 31, 2017



CAMPER Registration

Health and Medical Information

Camper Last Name _____ First Name _____

Birth date _____ Age _____ Grade (this fall) _____

Camper's email: _____

Weight _____ Height _____

Shirt size: YM YL AS AM AL AXL A2XL Pant Size: YM YL AS AM AL AXL

Family Contact Information: Parent/Guardian: _____

Address: _____

CITY _____ STATE _____ ZIP _____

Parent's Email Address: _____

Phone Number(s) (during camp): _____

Emergency Contact: _____ Phone Number: _____

PHOTO
HERE
(OR JUST ATTACH
ANYWHERE ON THE
REGISTRATION)

Allergies Specific Allergy Reaction Treatment

Medications			
Food			
Insects			
Latex			
Other			

Amputation Information:

Level: Hand Above Knee Above Elbow Shoulder Forequarter
 Symes Below Knee Below Elbow Hip Hemi

Site: Left Right Bilateral Trimemberal Quadrimemberal Other _____

Reason: Cancer Trauma Congenital Please Specify Other Please Specify
 Diabetes Vascular _____ _____

Indicate Any Devices Used:

Crutches Prosthesis Wheelchair (see below) Other _____

My son/daughter will:

- Need a wheelchair occasionally during camp.
- Bring an electric wheelchair (dry cell battery/wet cell battery)
- Bring a wheelchair
- Not need the use of a wheelchair during camp

Additional Info that we should know or would be helpful:



CAMPER Registration

Current Medications (including authorized over-the-counter meds)

MEDICATION(S)	DOSE	ROUTE	TIMES

Can your child swallow pills? yes no

Special care needs (if checked, give details below):

- Central Line Respiratory treatments IVF/TPN Feeding tube
- Oxygen Drains Glucose monitoring Ostomy care

Dietary Needs: (Please explain any special diet your child may have)

Daily Living Needs:

Needs assistance with:

- Dressing Toileting Showering
- Eating Oral Hygiene Personal Hygiene

If you checked any of the above, please explain, in detail what assistance will be needed:

Other

Any other information that would be helpful to make the camp experience positive:

I certify that the above information is accurate and complete.

Parent/Legal Guardian Signature:

_____ Date: _____



CAMPER Registration

Parental Medical Authorization

In the event of injury or illness to my child, I hereby grant authority to a qualified physician or dentist (or his/her designee) to render such medical treatment as said physician deems necessary under the circumstance and to preserve the life, limb or well-being of my dependent named _____

Allergies:

Any pertinent medical history (illnesses or injuries) _____

Physician: _____ Phone _____

Health Insurance: _____ Phone: _____

Policy No.: _____ Group No. _____

Dentist: _____ Phone: _____

Dental Insurance: _____ Phone: _____

Policy No.: _____

The undersigned hereby waives and releases the above person, and the Children’s Hospital of Pittsburgh of UPMC camp staff and volunteers from any and all claims, damages, costs, actions and cases of action as the result of any and all personal injuries sustained as the result of the above named child’s participation in activities or events while at the camp.

PARENT/GUARDIAN (print name)

SIGNATURE

ADDRESS: _____

PHONE: _____

(Home #)

(Work #)

(Cell #)

ALTERNATE NAME: _____ Phone: _____

(person to contact in case parent cannot be reached)



CAMPER Registration

Consent and Release

Parent Consent

I/We specifically consent to (child's name) participation in activities offered by Camp STAR, including but not limited to camping, boating, swimming, hiking and sports events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that the above named child has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the child can swim).

I/We specifically do not want the above named child to participate in the following activities (if none, please indicate):

As parent or legal guardian of the above named camper, I hereby certify that the applicant will not attend camp if any illness at the opening day of camp should be harmful to him/her or others. Having confidence that the staff in charge will exercise diligence for the safety of the campers, I hereby authorized the camp administration to allow the applicant to accompany other campers on trips away from the grounds on organized activities. I understand that the camper may be sent home as a result of misbehavior or violation of camp policies.

Parent/Legal Guardian

Parent/Legal Guardian

Date

Liability Release (For parents, guardians, staff and counselors)

The undersigned parent, legal guardian, close relative or participant acknowledges that even though every effort is made to promote a safe, accident-free environment, incidents may occur. In consideration for being accepted to participate in this camp sponsored by and/or affiliated with Children's Hospital of Pittsburgh of UPMC, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 21 years of age or older), hereby release, forever discharge and agree to hold harmless Children's Hospital of Pittsburgh of UPMC, its directors, officers, agents or employees from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the camp.

Furthermore, we/I (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any camp activities or fieldtrips involved therein. Further, authorization and permission is hereby given to said camp organization to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify Children's Hospital of Pittsburgh of UPMC, its directors, employees, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Parent/Legal Guardian

Parent/Legal Guardian

Date

Photo/Video Release: I consent to having my child videotaped/ audio taped and/or photographed for use by Children's Hospital of Pittsburgh of UPMC's Community Outreach Program, which may include the following: Camp STAR brochure, distribution to other campers, use for print or news broadcasts about Camp STAR. I have been informed that my child may be identifiable in these photographs/videotape and the date and location where the filming/photography took place, but no other identifiable information such as name or age will appear in any text accompanying the videotape/photos without my prior consent. I release and hold the hospital free from any liability that may arise as a result of my giving permission for the above described use.

Parent/Legal Guardian

Parent/Legal Guardian

Date



CAMPER Registration

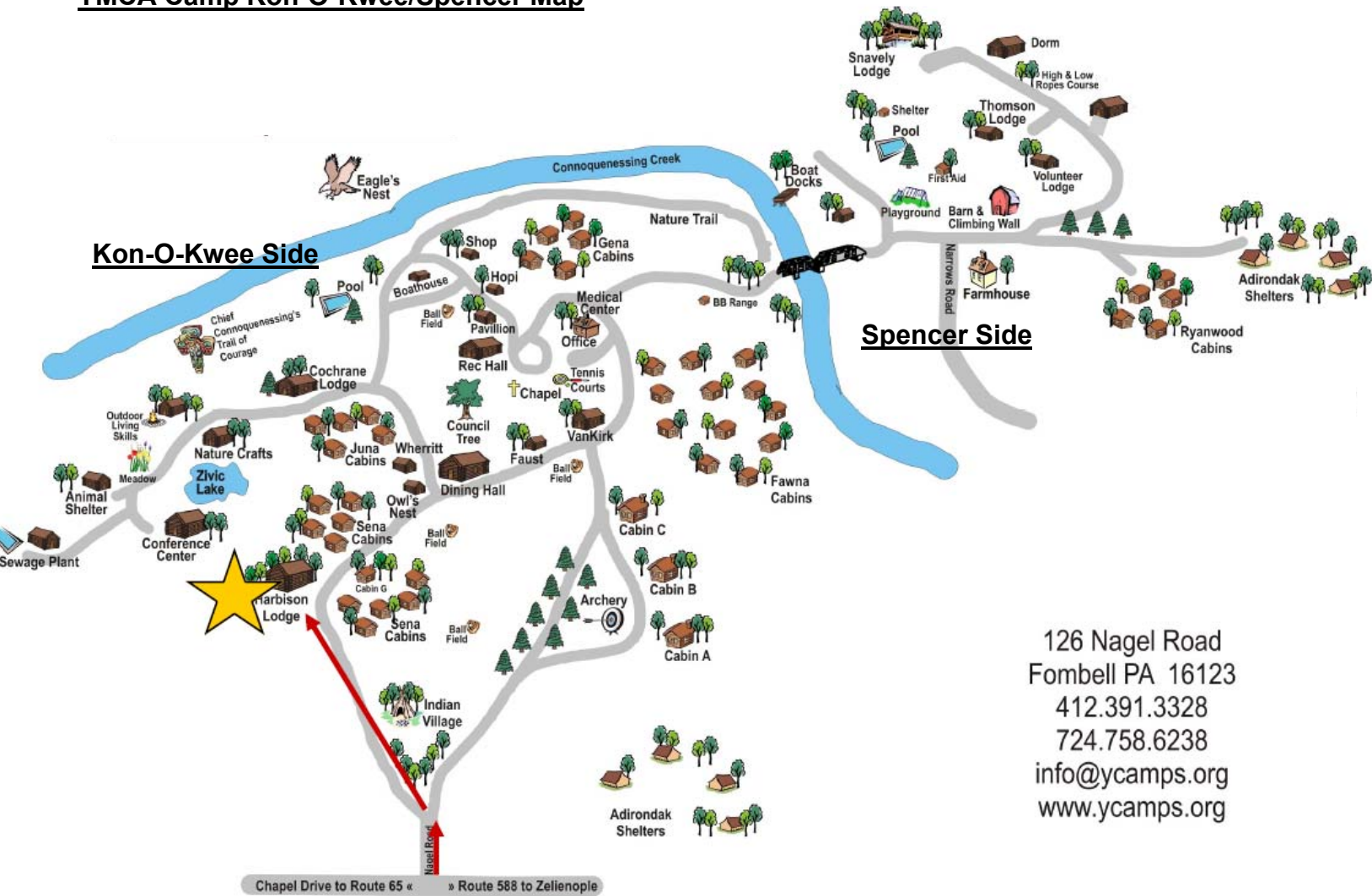
Directions to Camp Kon-O-Kwee/Spencer

☆ From Pittsburgh:

- ♦ take Route 19 north (to Zelenople) or Route 79 north to exit 83 (Evans City), make left, then follow 19 north to Zelenople.
- ♦ Turn West (left) off of Route 19 at the Hotel Kaufmann on Routes 288 and 588.
- ♦ Follow Route 588 west 5 miles to Camp entrance.

☆ **If traveling by Pennsylvania Turnpike:** use Exit 28 (Cranberry/Perry Hwy), then proceed north on Route 19 as instructed above.

YMCA Camp Kon-O-Kwee/Spencer Map



126 Nagel Road
 Fombell PA 16123
 412.391.3328
 724.758.6238
 info@ycamps.org
 www.ycamps.org



Camp STAR Camper Checklist

Please remember to label EVERYTHING

- ☆ Sleeping bag/ bed roll (sheets and blankets)
(some campers/counselors bring a fitted sheet with their sleeping bag)
- ☆ Pillow
- ☆ Bath towel(s) and washcloth(s)
- ☆ Prescription medicines
- ☆ PERSONAL HYGIENE ITEMS
 - Soap
 - Deodorant
 - Toothbrush/toothpaste
 - Shampoo
 - Brush/comb
 - Hair clips/pony tail holders
 - Shower shoes (flip flops)
 - Lip Balm
 - Glasses case
 - Contacts case & solution
 - Feminine products
- ☆ Laundry bag
- ☆ Clothing for one-week (including some for cool weather and rain)
- ☆ Pajamas
- ☆ Rain gear (suggested: raincoat /poncho, rain boots, umbrella)
- ☆ Shoes (athletic shoes ,Flip flops /crocs)
- ☆ Swimsuit
- ☆ Beach towel
- ☆ Sunscreen
- ☆ Hat
- ☆ Flashlight (spare batteries)
- ☆ Bug repellent
- ☆ Backpack or small duffel bag
- ☆ Camera (optional)— phone cameras do not count (please see what not to bring above)
- ☆ Small fan (optional)
- ☆ **PLEASE LABEL ALL CLOTHING AND EQUIPMENT**

ITEMS NOT TO BRING:

- ☆ Electronic Devices: iPod, MP3 Players, Cell Phones, Video Games, etc. (if brought, these items will be confiscated at the beginning of the week, kept in a safe place, and returned the last day of camp).
- ☆ Food or candy
- ☆ Weapons of any kind: Knives, firearms, bows & arrows, etc.
- ☆ Fireworks, matches/lighters, or any hazardous materials