Camp STAR summer camp is Sunday, August 11 through Saturday, August 17, 2019!

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 11, 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 17: 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 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 McCue
Your Camp STAR Director

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

Camp STAR, 568 Waynesburg Road, Washington, PA 15301

☐ 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/Medical Information
☐ Medical Authorization
☐ Consent and Liability Release

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, 2019
# 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: ____________________________

### Allergies

<table>
<thead>
<tr>
<th>Specific Allergy</th>
<th>Reaction</th>
<th>Treatment</th>
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</thead>
<tbody>
<tr>
<td>Medications</td>
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<tr>
<td>Food</td>
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<td>Insects</td>
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<td>Latex</td>
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<tr>
<td>Other</td>
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### Amputation Information:

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

**Site:**
- □ Left
- □ Right
- □ Bilateral
- □ Trimemeral
- □ Quadrimemeral
- □ 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:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach a photo here or
to the back of this registration
or email to cindymcqi@gmail.com
CAMPER Registration

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

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<tr>
<th>MEDICATION(S)</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>TIMES</th>
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Can your child swallow pills? □ yes □ no

OVER THE COUNTER MEDS: If the camper becomes ill at camp may the nurse administer age-appropriate over-the-counter medications (i.e. acetaminophen, cough syrup, antihistamines, upset stomach medications)? □ Yes □ No □ Yes, but please see exceptions below

Please list any common medications brans/types that SHOULD NOT be administered to your child:

________________________________________________________________________________________

________________________________________________________________________________________

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

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

________________________________________________________________________________________

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

________________________________________________________________________________________

Daily Living

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

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)
**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.

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**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.

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**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.

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Directions to Camp Kon-O-Kwee/Spencer

☆ From Pittsburgh:
  ◦ take Route 19 north (to Zelienople) or Route 79 north to exit 83 (Evans City), make left, then follow 19 north to Zelienople.
  ◦ 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.— GO TO HARBISON LODGE

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

☆ GO TO HARBISON LODGE UPON ARRIVAL TO CAMP KON-O-KWEE

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 twin size fitted sheet with their sleeping bag to
  cover the mattress)
★ 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 (pop up style preferred for young campers)
★ 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
★ Spray Sunscreen
★ Hat
★ Flashlight (spare batteries)
★ Bug repellant
★ Backpack or small duffel bag
★ Reading materials or games for down times
★ Camera (optional)— phone cameras do not count (please see what not to bring above)
★ Small fan (optional – it can get hot in August)
★ 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

Every year there is a talent/lip sync contest and party at the
end of the week. So, they
campers can bring props or
instruments, etc. to assist in
their performance (not
required).