

# SPECIAL LOVE/BRASS CAMP 2017

## Checklist, Instructions, and General Information

Please read all this material thoroughly. If you have any questions, please call Angela Ashman, Program Director, Special Love, Inc., at 1.888.930.2707.

### Checklist of Enclosed Forms

1. BRASS Camp 2017 Application Form *(to be completed by parent and/or guardian)*
2. Code of Conduct *(2 sided form; to be completed and signed by parent and/or guardian AND camper)*
3. Special Love Attendance Permission/Release Form *(to be completed by parent and/or guardian)*
4. Camper Information Sheet *(to be completed by camper)*
5. Medical Form for Campers *(3 page, 2 sided form; to be completed by parent and/or guardian and Camper with copy of insurance card)*

All of the above forms must be completed in full and mailed, along with a photo (4x6, school photo, Polaroid, etc.) as soon as possible to:

BRASS Camp  
Special Love, Inc.  
117 Youth Development Court  
Winchester, VA 22602

**Deadline for Camp Registration is May 15, 2017.**

### ***What happens after you submit your Application Forms...***

1. Special Love will send a follow-up letter acknowledging receipt of materials.
2. **In June**, we will send out waitlist or acceptance letters to campers and acceptance letters will include information concerning bus schedules, location of bus pick-up, camp needs (clothes, etc.) and any other information that may be of assistance.
3. **Final Health Assessment and Medication** forms will be sent to parents in June and **must be brought with the child (along with the child's medication, if any) to the bus.** Children will not be allowed to ride on the bus if they do not have a completed health assessment form and fully completed medication form, accompanied by all necessary medications.

### **Other Important Information**

#### **Promotional Materials/Release Forms (Form 3)**

Because of Special Love's exciting programs, we have had many individuals who wish to volunteer time, money and materials to our programs. To help us develop materials that describe the program--scrapbooks, videos, flyers, brochures, we often use pictures of camp activities. Your child may be included in one or more of these photos and we ask that you complete the enclosed permission form for potential use of your child(ren)'s photo. This will in no way disrupt the daily activities of camp. Your child will not be included without your permission.

### **Transportation**

Special Love will arrange round-trip transportation to Camp Maria, located in Leonardtown, Maryland, from Bethesda, Maryland and from Norfolk, Richmond and Fredericksburg. Information regarding transportation will be forwarded later. **We ask that parents not visit during the week.** The reason for this request is that it has been proven that children adapt better to a camping situation (and experience less homesickness) if they are allowed to fully immerse themselves in the camp experience away from home and parents. We also ask that you provide complete information on the necessary forms so that we may be aware of any potential issues or challenges that may surface with your child(ren) during the week.

**Form 1 – BRASS CAMP 2017 APPLICATION**

Date Received:
Application Number:

To be completed by parent or guardian: (Please print or type)

**BRASS Camper Information \*\* If more than one camper is applying, you will need to make additional copies of Forms 2, 3, 4, and 5. Attach an additional sheet if more than 3 children applying for camp.**

- 1. Camper Name: \_\_\_\_\_  
(First) (MI) (Last)  
\_\_\_\_\_  
Date of Birth Age in July Sex
  
- 2. Camper Name: \_\_\_\_\_  
(First) (MI) (Last)  
\_\_\_\_\_  
Date of Birth Age in July Sex
  
- 3. Camper Name: \_\_\_\_\_  
(First) (MI) (Last)  
\_\_\_\_\_  
Date of Birth Age in July Sex

**For eligibility purposes, please provide:**

Name of child with cancer: \_\_\_\_\_  
(First) (MI) (Last) (Age)

Type of cancer: \_\_\_\_\_ Date of last cancer specific treatment: \_\_\_\_\_ or Check box if sibling is bereaved

Please describe any particular or specific information involving your child with cancer or the BRASS Camp applicant(s) below which we should be aware of during the week of BRASS Camp. *Please be honest – your forthright response will help us be fully prepared to offer your child(ren) the best week of camp possible. Also, please provide a brief description of the relationship between your child with cancer and each sibling applying for BRASS Camp.*

\_\_\_\_\_  
Street Address Apt No.  
\_\_\_\_\_  
City State Zip Phone (Area Code) E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Area Code) (Area Code)

Check Enclosed: \$ \_\_\_\_\_ (suggested donation: \$25/child)  Scholarship Requested

Do you need transportation?  No  Yes

From:  Bethesda  Norfolk  Richmond  Fredericksburg

**Camper's Name:** \_\_\_\_\_  
**(\*\*Please Print Last, First – Fill out a separate page for each child\*\*)**

## **Form 2 - CODE OF CONDUCT**

In a continuing effort to offer campers the best events possible with the most memorable outcomes, we feel several rules of camper behavior should be understood and agreed to by the camper and the parent/guardian before attending any Special Love event. Please note that while we don't expect problems, this Code of Conduct is simply a way to provide a safeguard for both you and us.

Please discuss with your child the following rules and the importance of adhering to them during their time as a camper at this Special Love program. Participants and parents/guardians must sign this form in order to participate.

### **Code of Conduct**

1. For the safety and well-being of all participants, a complete and signed Health Form is required for participation in Special Love events. In addition, medications and medication forms must be turned in at the registration table upon arrival at the Special Love event (or when the camper boards the bus for camp). Failure to provide completed forms and necessary medications will result in your child's inability to board the bus for camp.

**Medication Policy:** All medications submitted at the bus boarding location or at camp registration **MUST** be in the **ORIGINAL CONTAINER WITH THE CAMPER'S NAME PRINTED ON THE BOTTLE**. (This includes over-the-counter medications.) Ziploc bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**. Actual dosage listed on the bottle **must** be followed unless there is a written note from the prescribing doctor outlining different indications. There can be no exceptions to this policy.

2. Each camper is to attend and be actively involved in all parts of the planned program including attending all scheduled functions. Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the Special Love event. Some areas are off-limits to participants (e.g. swimming pool, lake, challenge course) unless under appropriate instructor supervision.
3. Participants should remain at the Special Love program until the program is scheduled to end. Participants may not leave a Special Love program without prior permission from Program Coordinator, or other adult in charge of the Special Love program. Participants may only be picked up from a Special Love program by the person designated on the Health Form. Identification may be requested at the time of pick-up.
4. Participants are expected to follow the directions of Special Love volunteers and paid staff. All participants are under the supervision of the Executive Director, Program Coordinator, or Volunteer Chair responsible for the Special Love Program.
5. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants. Theft is expressly forbidden at Special Love programs. Unless invited, participants are not allowed in rooms other than that to which they have been assigned.
6. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (e.g. fighting, threats, insults, cursing, and discrimination) will not be tolerated.
7. Inappropriate displays of affection (e.g. kissing, cuddling, or other sexual innuendo) are not acceptable behavior while at a Special Love program.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.

**Please turn this page over and complete the rest of form 2.**

Camper's Name: \_\_\_\_\_  
(\*Please Print Last, First – Fill out a separate page for each child\*)

Form 2 Cont.

9. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at Special Love programs, except under adult supervision in scheduled instructional activities (e.g. shooting education class supervised by a certified instructor).
10. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, or unauthorized prescription drugs are not allowed at any Special Love sponsored program and must be reported to law enforcement. Special Love, Inc. reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, tobacco, or weapons.
11. Animals and pets are not allowed at Special Love programs unless needed to accommodate a disability or as part of an organized program, or through specific authorization from the Special Love office. Animals that are used as part of a Special Love event should always be provided with proper care.
12. Electronic and mechanical devices (e.g. cellular phones, pagers, walkie-talkies, video games, radios, CD players, TVs, or laptop computers) are not allowed at Special Love programs unless they are needed as part of an organized Special Love program, or with authorization from the Special Love office. Without authorization, these items will be confiscated and returned to the participant (or the participant's parents/guardians) at the end of the program.

**Consequences**

Unacceptable behavior during a Special Love program (as defined within this Code of Conduct or through a review process by a conference of adult leaders and program staff) will result in consequences to the participant. Consequences may include:

1. a warning and probationary period,
2. early release from the Special Love program without refund,
3. restitution or repayment of damages,
4. denial of future participation in any Special Love programs for one or more years (as determined by the Executive Director, Program Coordinator, or Volunteer Program Chair),
5. forfeiture of financial support for a Special Love program,
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

*NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the Special Love program will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the Special Love program will provide appropriate communication to parents/guardians.*

**Signature(s)** (Participant and parent/guardian signatures are required for participants under 18.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately, I will have to accept responsibility for my actions that may result in the consequences listed above.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Please Print Name Here

\_\_\_\_\_  
Date

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the Special Love program to pick up my child at the request of the adult in charge of the Special Love program. I further understand that if I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, Special Love program staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

\_\_\_\_\_  
Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_  
Date

# Form 3 - SPECIAL LOVE PARENTAL CONSENT AND RELEASE FORM

## Consent to Participate and Release from Liability

1. Consent: I agree that my child \_\_\_\_\_ may participate in Special Love, Inc.'s BRASS Camp activities at the Summer 2017 camp except as noted on his/her medical forms.
2. Transportation Consent: I further consent to the transportation to, from, and while at the Summer 2017 camp, including, but not limited to, transportation within Camp Maria and during authorized off-campus trips. I acknowledge that Special Love, Inc. shall arrange for transportation to and from Camp Maria located in Leonardtown, Maryland from designated departure areas in or near the NIH campus in Bethesda, Maryland, and in the cities of Norfolk, Richmond, and Fredericksburg, Virginia, if needed, and for authorized outings during camp, by private-owned and operated bus(es), vans, and other suitable vehicle(s).
3. Release from Liability: I expressly waive all claims or causes of action against Special Love, Inc., its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns on account of any injury and/or illness that may result from the negligence of Special Love, Inc. or any person named above. This consent does not release Special Love, Inc. from liability for intentional or reckless acts of Special Love, Inc. or any person named above.
4. Indemnification: I agree to indemnify and hold harmless Special Love, Inc. and its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns from any loss or liability arising from my acts or omissions or those of my child in connection with my child's attendance at BRASS Camp.
5. Media Coverage: I acknowledge that reporters, photographers, and other members of the media may attend BRASS Camp in order to increase the awareness about Special Love, Inc. and its programs including BRASS Camp and about children with cancer. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at BRASS Camp. I understand that Special Love, Inc. is not responsible for the content of the media coverage and that my child will not be paid for any media work.
6. Promotional Materials: I grant permission for my child to be included in promotional materials, whether printed or otherwise, to be used to publicize Special Love, Inc. and its programs, including BRASS Camp.
7. Emergency Contact: I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise the camp administration where we may be contacted in the case of an emergency.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Camper's Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship (if other than parent): \_\_\_\_\_

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

**NOTE: Before mailing, please make sure you have enclosed all completed forms, photo/snapshot of new campers, and a check or scholarship application.**

**Form 4 – BRASS CAMPER INFORMATION SHEET**

*Instructions:* Each BRASS Camper should complete a separate form. Where applicable, circle your answers.

Name (Printed): \_\_\_\_\_

Is this your first time at BRASS Camp? YES NO

If not, how many years have you been a camper? \_\_\_\_\_

Is this your first time away from home? YES NO

What is your t-shirt size? (Special Love will be giving each camper a camp shirt—please give us correct size)

Child: Small(8) \_\_\_ Medium(10)\_\_\_ Large(12)\_\_\_

Adult: Small\_\_\_ Medium\_\_\_ Large\_\_\_ Extra Large\_\_\_ XX Large\_\_\_

Do you have a nickname? YES NO If yes, what is your nickname? \_\_\_\_\_

How old are you? \_\_\_\_\_ What grade are you in? \_\_\_\_\_

What are your favorite subjects? \_\_\_\_\_

Do you have any hobbies? If so, what are they? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

Do you like crafts? YES NO

What are your favorites? \_\_\_\_\_

Do you know how to swim? YES NO

Have you ever canoed? YES NO

Do you like to read? YES NO What is your favorite book? \_\_\_\_\_

Do you play checkers? YES NO Scrabble? YES NO Cards? YES NO Chess? YES NO

A Musical Instrument? \_\_\_\_\_

What do you want to do most at Camp? \_\_\_\_\_

Camper Name: \_\_\_\_\_  
(Last, First – Date of Birth)

**Form 5 - Special Love Medical Form for Campers**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

Gender: Male \_\_\_ Female \_\_\_

Custodial parent/guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone and/or Pager \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip

Second parent/guardian: \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip

If parents/guardians are not available in an emergency, please list an emergency contact we can notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone and/or Pager: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

**Health History:** The following information must be provided by the parent/guardian, adult camper or adult staff member. The intent of this information is to help camp health care personnel maintain a safe environment at camp. Keep a copy of the form for your records. Any changes to the information provided on this form should be given to camp health care personnel upon participant's arrival at camp. Please provide accurate and complete information so that the camp can be aware of specific needs.

**Immunizations:** Tetanus/DTP/D TaP/dT - Last date \_\_\_\_\_ Varicella/Chicken Pox -Date: \_\_\_\_\_

**Allergies:** List all known allergies including medications, foods, insect stings, hay fever, asthma, animal dander, etc. and describe reactions in the space provided below. If no allergies, please indicate NONE:

Allergy	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____
_____	_____

No Allergies: \_\_\_\_\_ (please initial)

**Medications.** Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Provide enough medication to last the entire time at camp. Keep all medications in their original packaging/bottles that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_\_ This person takes NO medications on a routine basis; or

Camper Name: \_\_\_\_\_  
(Last, First – Date of Birth)

\_\_\_\_ This person takes medications as follows (please attach an additional page if needed):

Medication	Dosage	Instructions (e.g., time (s) to be administered, with water, food, milk)	Side effects which should be observed by Camp medical personnel
1.			
2.			
3.			

Please identify any medications taken during the school year that the Camp participant does/may not take during the summer (e.g., attention deficit hyperactivity medication, etc.) \_\_\_\_\_

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**General Questions:** (Please explain any “yes” answers.)

1. Had any recent injury, illness or infections disease? \_\_\_ Yes \_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Ever been hospitalized: \_\_\_ Yes \_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Past surgery: \_\_\_ Yes \_\_\_ No Please list year and type of surgery: \_\_\_\_\_  
\_\_\_\_\_
4. Ever had a head injury: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have an orthodontic appliance, glasses, contacts, hearing aid, etc., being brought to Camp: \_\_\_ Yes \_\_\_ No Please indicate which: \_\_\_\_\_
6. Have any skin problems (e.g., itching, rash, acne) \_\_\_ Yes \_\_\_ No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Had mononucleosis in the past 12 months? \_\_\_ Yes \_\_\_ No Date of illness: \_\_\_\_\_



Camper Name: \_\_\_\_\_  
(Last, First – Date of Birth)

8. Have problems with diarrhea:  Yes  No ; constipation:  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Have problems with sleepwalking, nightmares, night terrors. Please circle all that apply.
10. Have a history of bed wetting?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Have any restrictions to diet/food?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Have any restrictions to activity?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
13. Please indicate if there are restrictions on participation in contact sports:  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
14. Ever had emotional difficulties for which professional help was sought and/or for which medication has been prescribed:  Yes  No  
(Please check all that apply and provide a complete description of each so we can best care for your child during Camp)  
 Grief counseling,  Anger management,  ADHD,  ADD,  Depression,  
 Bipolar, Other \_\_\_\_\_ Please specify: \_\_\_\_\_  
\_\_\_\_\_
15. Have a history of chronic and/or serious illness?  
(Please check all that apply and provide a complete description of each so we can best care for your child during Camp)  
 high blood pressure,  diabetes,  asthma (date of last nebulizer treatment),  
 heart problems,  heart murmurs,  headaches,  migraines,  kidney disease,  
 seizures (date of last seizure);  cancer,  hearing impairment,  vision  
impairment,  physical limitations, Other \_\_\_\_\_  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
16. Have any other medical conditions that might impact their ability to fully participate in camp activities:  Yes  No.  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Camper Name: \_\_\_\_\_  
(Last, First – Date of Birth)

PLEASE PROVIDE SPECIFIC INFORMATION FOR ANY ITEMS ABOVE THAT WERE CHECKED OR MARKED “YES” AS THIS INFORMATION WILL HELP US TO UNDERSTAND YOUR CHILD’S HEALTH WHILE AT CAMP.

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

MY CHILD HAS NO HEALTH-RELATED ISSUES: \_\_\_\_\_ (Please initial, if applicable)

MY CHILD HAS NO MENTAL HEALTH-RELATED ISSUES: \_\_\_\_\_ (Please initial, if applicable)

Please use this space to provide any additional information about your child that you believe would be useful for us to know while he/she is at Camp: \_\_\_\_\_

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

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**Health Insurance Data:**

Please initial here if you/camper child does NOT have health insurance: \_\_\_\_\_

If you have Health Insurance for your camper child, please provide the following information and attach a copy of BOTH sides of your insurance card to this form:

Name of Preferred Medical Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Name of Policy Holder/Subscriber: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Employers Name (if applicable): \_\_\_\_\_

Camper Name: \_\_\_\_\_  
(Last, First – Date of Birth)

### **MEDICAL APPROVAL/EMERGENCY AUTHORIZATION**

If the participant is under the age of 18, parents/guardians must sign in the space provided below. If participant is over the age of 18, please sign for yourself. If this form cannot be signed due to religious reasons, you must contact the Special Love office to obtain a legal waiver which must be signed in lieu of this form. If this section is not signed, participation in the Special Love activity will not be allowed. You must contact the Special Love office if there is a change in health status after submitting this form.

I give permission for the participant named on this form to attend the designated Special Love program. He/She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguards and to take part in other scheduled activities such as horsemanship, archery, high and low ropes, climbing wall, skiing, physical activity/exercise, contact sports, and related activities under the supervision of instructors and counselors; subject to the express limitations noted within the application documentation.

I hereby give permission to the volunteer health personnel selected by Special Love to provide or seek appropriate medical treatment as medically necessary for my child or for myself. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the volunteer health personnel. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the volunteer health personnel to secure the proper treatment for my child or myself including hospitalization, injection and/or anesthesia and/or surgery. This form may be photocopied for use outside the program location, as necessary.

SIGNED: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian or participant over 18 years old)

I understand and agree to abide with the restrictions placed upon my activities according to this form.

SIGNED: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant under 18 years old)