

SPECIAL LOVE/BRASS CAMP 2024

Checklist, Instructions, and General Information

Please read and complete 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 2024 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 and **attach immunization records (6 page; to be completed by parent and/or guardian with copy of insurance card) - Note: we do require proof of vaccination from COVID -19 as well as rapid testing prior to camp, per our Special Love COVID-19 Policy**

All of the above forms must be completed in full and emailed, along with a photo (of the camper) as soon as possible to aashman@speciallove.org.

If you'd prefer, you may also print, sign, and mail your application form and photo to:

BRASS Camp
Attn: Angela Ashman
158 Front Royal Pike, Ste 311
Winchester, VA 22602

Deadline for Camp Registration is May 15, 2024.

What happens after you submit your Application Forms...

- Special Love will follow-up acknowledging receipt of materials.
- **In June**, we will send out acceptance letters to campers to include information concerning bus schedules, location of bus pick-up, camp needs (clothes, etc.) and any other information that may be of assistance. Those on the waitlist will be notified as well and kept apprised of their status.
- **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 2024 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" Gender

2. Camper Name: _____
(First) (MI) (Last)
Date of Birth Age in July Gender

3. Camper Name: _____
(First) (MI) (Last)
"F cvg"qh'Dktj "Age in July" "Gender

Child's Ethnicity: Hispanic or Latino; Not Hispanic or Latino; Unknown
Child's Race: American Indian/Alaska Native; Asian; Black/African American
 Hawaiian/Pacific Islander; Multiple Races; White Unknown

For eligibility purposes, please provide:

Name of child with cancer: _____
(First) (MI) (Last) (Age/DOB)

Type of cancer: _____ Date of Diagnosis: _____ Date of last cancer specific

treatment: _____ BMT Date: _____ Hospital Where Treated: _____

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 dgvy ggp 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: _____

Cell Phone: _____ Everyday Phone: _____
(Area Code) (Area Code)

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 Director, 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 Director, 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, vape pens, 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 Director, 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 2024 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 2024 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.
8. COVID-19 Policy: I have read and comply with Special Love's COVID-19 policy, including providing a copy of vaccination card.

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?

Form 5 - Special Love Medical Form for Campers

To be completed by Parent/Guardian of Minor Camper: (Please **print or type**)

Camper's Name: _____
(MI) (Last)

Date of Birth (Mo/Day/Yr) Age at Camp Height (Ft/Inches) Weight (Pounds) Gender

Street Address Apt. Number

City State Zip Phone (Area Code) Cell Home

Health History: *The following information must be provided by the parent/legal guardian. 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. You must contact Special Love if there are changes to this form prior to participant attending a camp activity, or give updates 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: (PLEASE ATTACH DOCUMENTATION)

COVID-19 Primary Series Vaccines: Pfizer-BioNTech Moderna
COVID-19 - Vaccine #1 Date: _____ Vaccine #2 Date: _____ Most Recent Booster Date: _____
Tetanus/DTP/DTaP/dT/TdaP (circle one) - Last date: _____
Measles/Mumps/Rubella - Vaccine Date(s): #1 _____ #2 _____
Chicken Pox/Shingles - Disease Date (if applicable): _____ Vaccine Date(s): #1 _____ #2 _____
Annual Influenza - Last Vaccine Date(s): _____

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. (Note: Attach a separate sheet, if necessary.)

Allergies:	Reaction & Management of Reaction:
_____	_____
_____	_____
_____	_____
_____	_____

Chronic Illness(es):

Diagnosis: _____ Date of Diagnosis: _____
On Therapy; Off Therapy
Specialist Managing Care: _____ Treatment Center: _____
Current Treatment (e.g. insulin and blood glucose checks, anticoagulant medications, etc.):

Special Love Medical Form – continued - NAME: _____

Medications. Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. (Note: Please attach additional sheet, if needed)

This person takes NO medications on a routine basis; or

This person takes medications as follows (please attach an additional page, or split cells below, if needed):

Medication Name	Dose	Route	Schedule (check all that apply –write in specific times, if needed)					Comments/ Reasons for Taking
			Breakfast	Lunch	Dinner	Bedtime	Specific Times	

Are there any medications routinely taken that the Camper does/may not take during the summer or during the camp program (e.g., attention deficit hyperactivity medication, etc.)? Yes No

If yes, please list: _____

General Health Questions: (Please explain any "yes" answers)

Does/Has the camper:

1. Have or had a history of chronic and/or serious illness (e.g., diabetes, hypertension, cancer, heart disease, asthma, seizures, headaches/migraines, kidney disease, mental health, etc.)? Yes No

If yes, please list all diagnoses not already listed on Page 1 (including date of diagnosis):

Special Love Medical Form – continued - NAME: _____

2. Had any recent injury, illness, or infectious disease(s)? Yes No. If yes, please explain:

3. Ever been hospitalized? Yes No. If yes, please explain and give dates:

4. Ever had surgery? Yes No. If yes, please explain and give dates:

5. Have any medical devices: (Check all that apply)

Hearing Aid(s); Artificial Limb; Glasses; Contacts; Orthodontic Appliance

Other: _____

6. Ever had a head injury or been knocked unconscious? Yes No. If yes, please explain and give dates:

7. Have any other physical, medical, or mental health conditions that might impact the camper's ability to fully participate in camp activities? Yes No. If yes, please explain: _____

8. Had mononucleosis in the past 12 months? Yes No; Date of Illness: _____

9. Have any dietary restrictions or needs? Yes No. Please explain: _____

10. Have had COVID-19 in the past 90 days? Yes No; Date Positive: _____

11. Has your child had head lice? Yes No. If yes, when? _____

12. Does your child have any problems with diarrhea? Yes No; Constipation? Yes No;

Please explain: _____

13. If female, begun menstrual cycle? Yes No; If yes, at what age? _____

14. Does your child have any limitations to activities or restrictions on participation in contact sports?

Yes No. Please explain: _____

15. Does your child need assistance or supervision with the following daily life activities? (Check all that apply):

Brushing Teeth; Combing Hair; Dressing; Showering; Toileting/Bathroom

Other: _____

Special Love Medical Form – continued - NAME: _____

16. Does your child have any of the following nighttime habits/challenges? (Check all that apply):

Fear of Dark; Nightmares; Night Terrors; Bed Wetting; Sleep Walking

Other: _____

17. Please describe your child's eating habits:

Eats Everything; Eats snacks several times/day; Tends to skip a meal each day;

Needs to be encouraged to eat; Picky Eater; Other: _____

18. Has your child had/Does your child have any behavioral, emotional, or mental health difficulties?

Yes No. If yes, please explain: _____

19. Has your child experienced any other stressful life events in the past year? (e.g., death of a family member, friend, or pet; divorce; marriage; deployment, etc.)? Yes No. If yes, please explain:

Please use this space to provide any additional information about your child that you believe would be useful for us to know while your child is at camp:

HEALTH INSURANCE INFORMATION: To be completed for ALL CAMPERS

Health Insurance Data: Please initial here if you do NOT have health insurance: _____

If you have Health Insurance, 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: _____

Name of Policy Holder/Subscriber: _____

Health Insurance Provider: _____

Identification Number: _____ Group Number: _____

Employer's Name (if applicable): _____

FOR CAMPERS UNDER 18 YEARS OF AGE

MEDICAL APPROVAL/EMERGENCY AUTHORIZATION for MINOR VOLUNTEERS (Under 18 years of age)

If the camper is under the age of 18 years, a parent/legal guardian must sign in the space provided below. 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 minor camper named on this form to attend the designated Special Love program. They have 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 personnel selected by Special Love; subject to the express limitations noted within this document.

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. 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/legal 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 including hospitalization, injection, anesthesia, and/or surgery. This form may be photocopied for use outside the program location, as necessary.

PRINT NAME: _____

SIGNED: _____ DATE: _____

Parent/Legal Guardian (no electronic signatures - please print, sign, and date)

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

SIGNED: _____ DATE: _____

(Camper under 18 years of age)

PARENT/LEGAL GUARDIAN INFORMATION for Campers Under 18 years of Age (include Area Codes)

Parent #1/Legal Guardian: Name: _____

Home Address: _____

(if different from camper's address) Street Address City State Zip Code

Cell Phone: _____ Home Phone: _____

Daytime/Work Phone: _____ Email: _____

Parent #2/Legal Guardian: Name: _____

Home Address: _____

(if different from camper's address) Street Address City State Zip Code

Cell Phone: _____ Home Phone: _____

Daytime/Work Phone: _____ Email: _____

Emergency Contact (in the event parent(s)/guardian(s) cannot be reached in an emergency)

Name: _____ Relationship to Camper: _____

Phones - Cell: _____ Home: _____ Work _____