



CHAMP CAMP

1986 - 2010

Spanish Interpretation Available /

Si Necesita Ud. Puede Apilicar en Español -1 (800) 755-2876

C A M P E R R E G I S T R A T I O N F O R M 2 0 1 0

Child's First Name _____ Last Name _____

Boy ___ Girl ___ Date of Birth ___/___/___ Age on June 12th ___

In June 2010 my child was/is in: Elementary Middle High School

Does your child speak English? YES NO Do you speak English? YES NO

If you circled no, what is the primary language spoken? _____

Address _____ Apt. _____

City: _____ State: _____ Zip: _____

T-Shirt Size (circle one): Child S M L Adult S M L XL XXL

Ethnicity: Asian Black/African American Native American White
 Hispanic Other: _____

B U R N I N J U R Y H I S T O R Y A N D T R E A T M E N T

Injury Date: ___/___/___ % Body Surface: _____

Hospital: _____ Length of Stay: _____

Area of body burned: _____ Cause of burn: _____

Is there anything we must do to take care of your child's burn while at camp? (for example, dressing changes, pressure garments, splints, physical therapy, etc.). Please be specific:

C O N T A C T I N F O R M A T I O N * * R E Q U I R E D * *

Parent/Guardian Name(s): _____

Home () _____ Cell () _____ Other () _____

Parent E-mail: _____ (e-mail will only be used for camp communications and not added to any lists)

Please contact me at my Home Cell E-mail

Child lives with: Both Parents Mother Father Foster Parents Grandparents

Other: _____

E M E R G E N C Y P H O N E N U M B E R * * R E Q U I R E D * *

1. _____ Ph. # () _____ Relation to child: _____

2. _____ Ph. # () _____ Relation to child: _____

3. _____ Ph. # () _____ Relation to child: _____



Please mail all information to the Northern Region Office:
Alisa Ann Ruch Burn Foundation, Attn: Gypsy, 665 Third Street, Suite 345, San Francisco, CA 94107
If you have any questions please contact Gypsy: 1(800) 755- BURN • Fax (415) 495-7224 • sburton@aarbf.org



M E D I C A T I O N N E E D S

Is your child currently taking ANY type of medication (circle one) YES NO

If yes, will this child be using medication during camp? YES NO If yes, please describe what type, the amount and frequency taken.

G E N E R A L I N F O R M A T I O N

Will your child require any other specific type of help that we should know about while at camp?

Is there anything of significance (good or bad) that has happened recently that would cause your child to have mood swings or "out of character" reactions that we should know about? (For example, death, separation, birth, move, etc.)

C A M P I N F O R M A T I O N

Is this the child's first time at Champ Camp?: YES NO

If yes, how did you hear about Champ Camp? Hospital AARBF Staff Fire Dept/Firefighter
 Camper/Counselor AARBF Website Media/Newspaper Other: _____

If no, how many times has he or she been to Champ Camp? _____

If this child has been to camp before, indicate which co-cabin mates he/she DOES NOT WANT to be with:

T R A N S P O R T A T I O N I N F O R M A T I O N

There are several locations for bus pick-up & drop-off. Please check the following location that is closest to your area. (Angel Flight is transportation via privately-owned small aircraft at no cost to you).

Los Angeles Bakersfield Fresno Modesto Oakland
 Angel Flight (Usually arranged for kids living in Sacramento, Las Vegas, north of San Francisco and south of Los Angeles)

- In the event that an alternative form of transportation must be arranged via "Angel Flight", please answer the following questions. **Has your child flown in a small aircraft before?**
YES NO
- **Your child's current body weight** (please be factual, not "wishful") _____ pounds
- **The two closest airports to your residence** 1. _____ 2. _____





R E L E A S E S

The Alisa Ann Ruch Burn Foundation needs your help to support our mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which you participate. Please select what you would like your camper to participate in:

Photo/Video

___ Yes, I authorize the Burn Foundation to use photos/video from camp for public education and possibly a commercial DVD benefiting AARBF. I understand that last name, cause of burn, and any other sensitive personal information will not be revealed without my specific consent.

___ It is okay to take photos/video of my child to be used for camp-specific purposes such as the yearbook and slideshow, but please **do not use it for any other printed materials, including photos of my child at camp on the website.**

___ No, I will not allow ANY photos or video of my child to be used in any way which means they will **NOT be any group photos or the Camp Yearbook.**

Group Survey

___ Yes, my child can participate by completing a quick survey one afternoon while at camp to help develop programs aimed at child burn survivor's needs.

___ No, I would prefer that my child not participate in a group survey that would help other children, like my child, who have experienced burn injuries.

C A M P E R E N R O L L M E N T A G R E E M E N T

1. The camper and his/her parent/guardian agree to abide by the rules and regulations set by the camp for the health, safety, and welfare of the campers.
2. The camp reserves the right to dismiss a camper whose conduct or influence is unsatisfactory, or is, in the opinion of the Camp, not in the best interest of the Camp. In that event the parent is required to pick the camper up immediately.
3. Should both parents, during the camp session, leave their place of residence for an extended period of time, the Burn Foundation should be advised where they can be contacted in case of emergency.
4. The camp is not responsible for lost or damaged articles of clothing or other personal belongings.
5. My signature below states I agree to the terms checked on the photo release and group survey releases stated in this application.
6. I hereby agree to release and indemnify the Alisa Ann Ruch Burn Foundation and Wonder Valley Ranch and all their officers, employees, agents, volunteers and representatives whatsoever, from any claims, cost, expense (including attorney fees) and/or damages which any of them may sustain or incur arising out of my child's participation in activities at Champ Camp.
7. I am the parent or legal guardian of the applicant and acknowledge all answers and information on the application to be true and correct.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

CAMPER SIGNATURE (14 years and older): _____ Date: _____

