

New Camper Packet 2019

Instructions & Frequently Asked Questions



When and where is Camp Erin Pittsburgh?

- Friday, June 7th through Sunday, June 9th, 2019
- Camp Erin Pittsburgh is held at Camp Kon-O-Kwee Spencer in Fombel, PA, about 30 miles north of Pittsburgh.

Who can apply to Camp Erin Pittsburgh?

- Any child or teen ages 6 – 17 years old that has experienced a death in their lifetime of someone significant to them.
- You can reside in any county or state, as long as you are willing to travel to Pittsburgh, PA for all events.

How much does it cost?

- Camp Erin Pittsburgh is free for all campers.

What happens after I submit an application?*

- After we receive your application, you'll receive an email confirmation followed by a phone call from one of our Clinical Coordinators (Lori or Jenna) to schedule an in-person **Interview** for camp. The purpose of the interview is to determine whether our program is appropriate for your camper(s).
- **Acceptance letters** will be sent out via mail in the months leading to camp.
- **The Save-the-Spot Event** is a required event for all accepted campers, held Sunday, May 19th, from 1-3pm at camp.

***There is limited space for campers.** Be sure to submit the camper application as soon as possible. Priority is given to first time campers. When all spaces are filled, prospective campers are placed on a waiting list in the event a spot opens. The deadline for applications is May 13th, 2019.

To submit completed applications:

Mail:

Camp Erin Pittsburgh
Attn: Alison Marcin
116 Browns Hill Rd.
Valencia, PA 16059

Email:

amarcin@good-samaritanhospice.org

Fax:

724-933-8844

Checklist of paperwork to submit:

- New Camper Application
- 2019 Camp Erin Photo, Publicity and Liability Consent and Release
- Good Samaritan Hospice/Camp Erin Pittsburgh Consent and Release Agreement
- Photo of child/teen

***Please note, signatures on paperwork must be hand-written and cannot be typed or signature program used.**

2019 Camp Erin Pittsburgh New Camper Application

PLEASE COMPLETE ONE APPLICATION PER CAMPER
DEADLINE FOR APPLICATION IS MAY 13TH, 2019



Camper's Name: _____ Birth Date: _____

Camper prefers to be called: _____ Sex: M ___ F ___ Age: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ School: _____ Grade in fall 2018: _____

Siblings (list names/ages): _____

Parent/Guardian Email Address: _____

We will hold interviews at 2 locations: Butler Health System and La Roche College. Please indicate your preference here:

Parent/Guardian #1 *	Parent/Guardian #2 *
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Relationship to camper:	Relationship to camper:
Does this person reside with camper? Yes ___ No ___	Does this person reside with camper? Yes ___ No ___
Can the camper be released to this individual? Yes ___ No ___	Can the camper be released to this individual? Yes ___ No ___
Emergency Contact #1 (other than parent/guardian) *	Emergency Contact #2 (other than parent/guardian) *
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Relationship to camper:	Relationship to camper:
Can the camper be released to this individual? Yes ___ No ___	Can the camper be released to this individual? Yes ___ No ___

* Photo ID must be presented before the camper will be released to this person.

How did you hear about Camp Erin? Internet Brochure Newspaper TV Other: _____

Friend/Family Member: (please list their name so we can thank them) _____

Has the camper attended Camp Erin before? Yes No If yes, please fill out returning camper app instead.

Camper's T-shirt size (circle one): Youth: S M L Adult: S M L XL 2XL

Camper's ethnicity (for demographic purposes only):

- American Indian / Alaskan Native Latino / Hispanic Asian African American
 Native Hawaiian / Pacific Islander Caucasian Multi-race Other _____

Is camper's family affiliated with military services? Active Duty Reserves Veteran

Branch _____

Family Income (for demographic purposes only):

- Below \$36,375 \$36,375-60,000 Above \$60,000

Camper's swimming level: Cannot Swim Beginner Intermediate Advanced

Camper's interests/sports/hobbies:

Has the child ever (check if it applies): Spent a night away from home Attended an overnight camp

BEREAVEMENT HISTORY

Please include as many details as possible when answering. Attach additional pages if necessary.

1. Name of the person who died: _____

Relationship to child: _____ Date of death: _____

Cause of death: _____ Child's age at time of death: _____ Age of person who died: _____

2. Family Communication: How would you describe the child's family's predominant communication regarding the death? Open and forthcoming Hesitant or guarded Avoid the topic

3. Please describe the relationship between the child and the person who died: _____

4. Where did this person die? Home _____ Hospital _____ Hospice _____ Other _____

5. Was the child present at the time of death? _____ Please explain the circumstances: _____

6. Was there a funeral or memorial service? _____ Did the child attend the service? _____

If yes, what was the child's reaction to/or comments about the service? _____

7. Has the child received any professional counseling/grief support (psychiatrist, counselor, peer support group)? _____

If yes, is support currently provided? _____ Please give approximate dates when support started and ended:

8. Has the child experienced any other recent losses? _____ If yes, please describe: _____

9. Please list any other changes/stressors in the child's life (divorce, remarriage, relocation, illness): _____

10. Does the child talk about the deceased openly? _____

11. Describe how the child indicates that he/she is grieving. _____

12. Has the child said or done anything recently that has you concerned? _____ If yes, please explain: _____

REACTIONS TO THE DEATH

Has the child exhibited any of the following behaviors since the death? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Grades declining | <input type="checkbox"/> Drug/alcohol use |
| <input type="checkbox"/> Withdrawn/Isolation | <input type="checkbox"/> School behavior problems | <input type="checkbox"/> Causing harm to others |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Home behavior problems | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Suicidal thoughts/talk | <input type="checkbox"/> Running away from home | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Headaches/stomach aches | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Causing harm to self | <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Loss of interest in activities | <input type="checkbox"/> Belief that death was his/her | <input type="checkbox"/> Denial about death |
| <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> fault | <input type="checkbox"/> Regression |
| <input type="checkbox"/> Clinging to parent/sibling | <input type="checkbox"/> Belief that death is a | <input type="checkbox"/> Always trying to be in |
| <input type="checkbox"/> Worries about safety of self or | <input type="checkbox"/> punishment | <input type="checkbox"/> control or perfect |
| <input type="checkbox"/> others | <input type="checkbox"/> Weight increase/decrease | <input type="checkbox"/> Changes in self image |
| <input type="checkbox"/> Hyperactive/impulsive | <input type="checkbox"/> Peer difficulties | <input type="checkbox"/> Desire for constant attention |

MEDICAL INFORMATION

Please fill out everything to the best of your knowledge. Camp staff, including our nurse, may call to follow up. Our nurse will review this form with you at camp check-in, Friday, June 7th.

Camper name: _____ Age: _____

GENERAL HEALTH AND MEDICAL HISTORY

1. **Communicable diseases:** Check any communicable diseases the camper has had to date:

- Measles Chicken Pox Mumps Hepatitis A or B German measles (Rubella)
 Other _____ Has the camper been exposed to chicken pox in the last 10 days? _____

2. **Allergies:** List all allergies the camper has by type. Please note severity of allergy and describe allergic reaction. If medication is required, please list type, frequency, and dosage.

Food allergies: _____

Plant allergies: _____

Animal/insect allergies: _____

Allergies to medication: _____

Other allergies: _____

3. **Operations and serious/chronic illness:**

Has the camper had any operations? Yes No

Has the camper had any serious or chronic illnesses? Yes No

If yes, please explain _____

4. **Medical conditions:** Check any conditions that the camper is prone to:

- Fainting Seizures Headaches Upset stomach Diarrhea Constipation
 Heart problems Asthma/respiratory problems High blood pressure

Other _____

5. **Child's physician name:** _____ Phone: _____

Date child last seen by physician: _____ Reason: _____

6. **Medications:** List medications and specify what the medication is used for, when it should be taken, and what the dosage is. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH THE CAMPER'S PRESCRIPTION.**

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

- May the camper receive **Tylenol** for pain or fever as needed? Yes No
- May the camper receive **Benadryl** for allergies as needed? Yes No
- May the camper use **sunscreen** as needed? Yes No
- May the camper use **insect repellent** as needed? Yes No
- May the camper receive **cough drops** as needed? Yes No

7. Medical considerations/restrictions: Does the camper have any known physical, mental or social difficulties which may affect participation and/or for which consideration should be given? (If yes, please explain.)

Does the camper's activity need to be restricted in any way? (If yes, please explain.)

Is there any other specific information the camp should know about the camper?

Health Insurance Information

Company: _____ Company Phone Number: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

PARENT/GUARDIAN SIGNATURE

Parent/guardian: I verify that the above medical information is complete and accurate and that my child has no medical conditions that would prohibit him/her from safely participating in camp. I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary including: X-rays, routine tests, hospitalization, anesthesia and/or surgery for the camper as named above in the event I cannot be reached in an emergency. This form may be photocopied for use out of camp.

Parent/guardian signature: _____

Parent/guardian name (print): _____ Date: _____

TO RETURN APPLICATION BY MAIL:

Camp Erin Pittsburgh
 Attn: Alison Marcin
 116 Browns Hill Rd
 Valencia, PA 16059

TO RETURN APPLICATION BY EMAIL OR FAX:

Email: amarcin@good-samaritanhospice.org
Fax: 724-933-8844

**Good Samaritan Hospice/Camp Erin Pittsburgh
Consent and Release Agreement**

I _____ personally and/or on behalf of
(Name of parent or guardian)
_____, as _____, agree as follows.
(Name of child) (Relationship to child)

In consideration of the agreement of Good Samaritan Hospice/Camp Erin Pittsburgh team members to provide bereavement camp services at my request and INTENDING TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless Good Samaritan Hospice, their affiliates, members, employees, volunteers, officers, directors, and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by myself/my family member, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any damage to property, or injury (including death) to myself/my family member, as a result of or in any way related to his/her participation in camp activities.

I agree that in case of injury, I will apply our own hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Good Samaritan Hospice or The Moyer Foundation for the payment of any medical costs or injury related costs.

I also hereby consent to being interviewed and/or having my/our picture taken and/or video taken while attending Camp Erin Pittsburgh activities. I further consent to the use of the interview and/or photos and/or videos for various marketing purposes including brochures, newsletters, advertising, publications, website, etc. Although I understand that I may keep any original artwork or drawings that I/camper create, I agree that Camp Erin Pittsburgh may make a copy or likeness of the artwork for use for similar marketing purposes. I agree that such photos and the copy or likeness of such artwork connected therewith shall remain the property of Good Samaritan Hospice/Camp Erin Pittsburgh.

Date

Parent/Guardian Printed Name

Parent/Guardian Signature



2019 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my child's and my grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its employees, agents, representatives, contractors, successors, and assigns Eluna the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); and, (b) use, copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

(over please)

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____ / _____ / _____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____

City, State and Zip: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)