

Camper Packet 2020

Instructions & Frequently Asked Questions



When and where is Camp Erin Pittsburgh?

- Friday, June 12th through Sunday, June 14th, 2020
- 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. *NOTE: Camper must meet age requirement for the entirety of camp weekend.
- 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.

*There is limited space for campers. Be sure to submit the camper application as soon as possible. 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 1st, 2020.

PLEASE READ:

In the past, returning campers were placed on a waitlist until spring when we could evaluate how many spots were remaining. After thoughtful consideration we decided to change our process this year. **For this year's program, all** camper applications will be reviewed in the order in which they are received, and face-to-face interviews will be scheduled with our Clinical team. As part of the interview process our team will conduct a Bereavement Needs Assessment as well as a screening for Daily Living Skills. Upon review of all interview materials, camper enrollment decisions will be made and communicated to the applicants and families. In the event that it would be determined your child or teen would not be enrolled in Camp Erin 2020, our team will provide suggestions for more appropriate programs.

We made these changes in an effort to best serve our camp community. As you have all experienced, grief changes over time and there can be a variety of factors which impact **an individual's need for Camp Erin versus a different level** of programming. We also need to ensure that campers are independent enough with daily skills to succeed at camp, as this has been a barrier for some of our campers over the past few years. With these changes, we encourage you to submit applications as early as possible so that we can recruit an appropriate amount of volunteers. We are hopeful this new process will allow us to serve the highest amount of campers who will truly have the best benefit we can give over our 3-day weekend, and that applicants in need of something different will be given the support and resources they need to continue their grief journeys.

To submit completed applications- Instructions on Page 2.

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 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 17th, from 1-3pm at camp.

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:

- Camper Application
- 2020 Eluna Photo, Publicity and Liability Consent and Release (signed)
- Good Samaritan Hospice/Camp Erin Pittsburgh Consent and Release Agreement (signed)
- YMCA of Greater Pittsburgh Release (signed)
- Recent Photo of child/teen* (this is essential for safety purposes)

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

2020 Camp Erin Pittsburgh Camper Application

PLEASE COMPLETE ONE APPLICATION PER CAMPER

DEADLINE FOR APPLICATION IS MAY 1st, 2020



Applicant Name: _____ **Birth Date:** _____ **Age:** _____
Applicant prefers to be called: _____ **Sex:** _____ **Preferred Gender Pronoun:** _____
Street Address: _____ **City:** _____
State: _____ **Zip Code:** _____ **School:** _____ **Grade 2019-2020:** _____
Siblings (list names/ages): _____
Parent/Guardian Email Address: _____
Applicant T-shirt size (circle one): Youth: S M L Adult: S M L XL 2XL
How did you hear about Camp Erin? Internet Brochure Newspaper TV Other: _____
Friend/Family Member: (please list their name so we can thank them) _____

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 child? Yes ___ No ___	Does this person reside with child? Yes ___ No ___
Can the child be released to this individual? Yes ___ No ___	Can the child 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 child:	Relationship to child:
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.**

For Demographic Purposes Only –Optional to Complete

Camper's ethnicity

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

Is applicant's family affiliated with military services?
 Yes
 No
 Branch _____
 Active Duty
 Reserves
 Veteran

Family Income

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

Does the applicant qualify for free or reduced lunch in your home school district?
 Yes
 No

Section A. Level of Care Assessment

At Camp Erin, campers are expected to be able to complete activities of daily living independently. Please answer each question based on the applicant’s level of independence. For each answer other than independent, please describe the specific assistance the applicant requires.

Dressing/Grooming: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Showering: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Brushing Teeth: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Tying Shoes: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Feeding: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Toileting: Independent Simple Cueing Moderate Assistance Dependent on Total Care
Describe: _____

Swimming: Cannot Swim Beginner Intermediate Advanced
Campers are supervised by Camp Kon-O-Kwee Spencer Lifeguards and will be swim-tested before entering the water. Floatation devices are permitted in the swimming pool. Water shoes are highly recommended due to rough surface on some areas of the pool floor.

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

At Camp Erin, campers walk to each activity on the spacious grounds of Camp Kon-O-Kwee Spencer. Golf Cart transportation is available only for children with medical necessity.

Is the applicant able to walk long distances? Yes No
If No, Please describe: _____

Applicant’s interests/sports/hobbies:

Additional Information Camp Erin Staff should know about applicant’s Level of Care Needs:

Has the applicant attended Camp Erin before? Yes **If yes, please complete Section B.**

 No **If no, please move to Section C.**

Section B –Returning Camper
Only complete this section if applicant has previously attended Camp Erin.

1. What year(s) has the applicant attended Camp Erin: _____

2. What does the applicant identify as the most helpful aspect of Camp Erin?

3. How does the applicant express that they want to return to camp?

4. What do you and the applicant hope to gain from attending camp this year?

5. Please list any new or ongoing challenges the applicant may be experiencing since last attending Camp Erin.

Section C- Bereavement History

To be completed by all applicants.

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. Was the person who died a primary caregiver to the applicant? Yes No

5. Where did this person die? _____

6. Was the child present at the time of death? Yes No

Please explain the circumstances: _____

7. Has the child received professional counseling/grief support? Yes No

If yes, please give approximate dates when support started and ended/ongoing: _____

8. Has the child experienced any other recent losses? Yes No

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? Yes No

11. Describe how the child indicates that they are grieving. _____

12. Has the child said or done anything recently that has you concerned? Yes No

REACTIONS TO THE DEATH

Please mark and describe all behaviors the child has exhibited. Also indicate behaviors the child has had a history of prior to the death.

Behaviors	Current/ Within last 6 months	History of Behavior	If marked, please describe
Lack of Energy			
Withdrawn/Isolation			
Depression			
Suicidal thoughts/talk			
Difficulty Concentrating			
Causing Harm to Self			
Loss of Interest in Activities			
Inappropriate Sexual Behavior			
Clinging to Parent/Sibling			
Worrying about Safety of self or others			
Hyperactive/Impulsive			
School Behavior Problems			
Home Behavior Problems			
Running away from home			
Headaches/Stomach Aches			
Sleep Disturbances			
Weight Changes			
Belief that death was their fault			
Drug/Alcohol Use			
Causing Harm to Others			
Lying/Stealing			
Increased Anger			
Destruction of Property			
Regression of Behaviors			
Desire for Constant Attention			
Denial About Death			
Changes in Self Image			

Additional Information Camp Erin Staff should know about the applicant's bereavement history:

Section D- Camper Interview

Each applicant and their parent/guardian will be interviewed by a member of our clinical team as part of the assessment process. Please indicate a location that would be most convenient for you to travel to for the interview.

- Butler Memorial Hospital: 1 Hospital Way Butler, PA 16001
- Cranberry: Panera Bread 2011 Rt 19 Cranberry Twp, PA 16066
- Camp Erin Pittsburgh Office: 116 Browns Hill Rd Road Valencia, PA 16059

Section E- MEDICAL INFORMATION

Please fill out everything to the best of your knowledge. Camp staff, including our nurse, may call to follow up.

Applicant name: _____

Age: _____

GENERAL HEALTH AND MEDICAL HISTORY

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

Measles Chicken Pox Mumps Hepatitis A or B German measles (Rubella)

Other _____ Has the applicant been exposed to chicken pox in the last 10 days? _____

2. Allergies: List all allergies the applicant 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 applicant had any operations? Yes No

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

If yes, please explain _____

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

Fainting Seizures Headaches Upset stomach Diarrhea Constipation

Heart problems Asthma/respiratory problems High blood pressure Other _____

5. Applicant 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 WHEN CHILD ARRIVES TO CAMP.

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 applicant have any known physical, mental or social difficulties which may affect participation and/or for which consideration should be given? Please Describe. Yes No

Does the applicant's activity need to be restricted in any way? Please Describe. Yes No

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)
_____, agree as follows.
(Name of child) as _____,
(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



2020 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® as a camper, employee or volunteer. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement ("**Consent and Release**"), I hereby grant certain rights to 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 confirms my child's and my grant of rights and our agreement is 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 directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, 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) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose ("**Promotional Materials**").

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 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. Unless I opt out below, 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, unless I opt out below.

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, officers, employees and advisors (collectively, the "**Released Parties**") from any and all claims, demands, causes of action, damages (including without limitation 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 use 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 the subject matter of this Consent and Release. 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. This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania 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, 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: _____

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

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)

YMCA of Greater Pittsburgh
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Pittsburgh's Camps for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program, (including but not limited to swimming, boating, hiking, horse riding, zipline, waterfront, high ropes course , winter sledding participation), affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, (hereinafter referred to as "Camper") hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program and by continuing in the activity or program, or permitting the participation of their children in the program, accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

Camper recognizes that there are inherent risks involved in camping activities and programs, whether engaged in as part of a group or individually and hereby assume all such risks. Camper understands that he/she have duty to exercise reasonable care for Camper's own safety and the safety of those for whom Camper is responsible, and agrees to do so.

CAMPER HEREBY RELEASES, WAIVES, DICHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of death or injury to the person or property of Camper while the Camper is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location, including death, injuries or property damage caused by another participant in any such program or activity.

CAMPER HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, including any such loss, liability, damages or costs caused by another participant in any such program or activity.

CAMPER HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

CAMPER HERBY ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE FOLLOWING DRUG, ALCOHOL AND FIREARMS/FIRE WORKS POLICIES. Illegal drugs, alcohol, firearms, and fireworks are strictly prohibited on YMCA of Greater Pittsburgh's Camp properties. If the undersigned is found to have consumed or possesses any on camp property they will be asked to leave camp without refund. Depending on their relation to the other undersigned campers, the whole group may be asked to leave as well.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDESIGNED HAS READ AND VOLUNTARY SIGNS THE RELEASE AND WAIVER OF LAIBILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made.

LIST: ALL CAMPERS ATTENDING

BIRTH DATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I HAVE READ THIS RELEASE AND INTENDING TO BE LEGALLY BOUND HEREBY, HEREBY EXECUTE THIS RELEASE ON MY BEHALF AND ON BEHALF OF THOSE MINOR CAMPERS ATTENDING WITH ME:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Signature (over 18): _____ Date: _____

PUBLICITY RELEASE

The UNDERSIGNED do hereby authorize the YMCA of Greater Pittsburgh's Camps, to interview, photograph or make any other visual or audio recordings of the camper named in this registration, who may be identifiable. The undersigned authorized the use for television, radio, magazines, newspaper, web site and any other forms of media presentations, for related stories about the summer camp sponsored by the YMCA of Greater Pittsburgh.

Authorization and/or consent as outlined above are hereby granted. I hold the YMCA of Greater Pittsburgh, its agents, employees and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Signature (over 18): _____ Date: _____