

Camp Amigo 2014
July 13-19, 2014
Billy Jo Rish Park Cape San Blas, Florida
Child (Camper) Application

NAME: _____ **SEX:** MALE _____ FEMALE _____ **AGE:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

_____ **SOCIAL SECURITY #:** _____

PHONE: _____ **EMAIL:** _____

MOTHER'S NAME: _____ **T SHIRT SIZE (ADULT):** S _____ M _____ L _____ XL _____

PHONE: _____ **XXL** _____

FATHER'S NAME: _____

PHONE: _____

MEDICAL/ INSURANCE INFORMATION

HEALTH INSURANCE COMPANY: _____

POLICY #: _____ **EXPIRATION:** _____

MEDICARE/ MEDICAID #: _____

DOCTOR'S NAME: _____ **PHONE:** _____

HEALTH CONDITIONS: _____

ALLERGIES: _____

EMERGENCY CONTACT INFORMATION

**WE MUST HAVE AT LEAST TWO CONTACTS WITH AS MANY PHONE
NUMBERS AS POSSIBLE.**

1. NAME: _____ **RELATIONSHIP TO CHILD:** _____

PHONE # (AS MANY AS POSSIBLE): _____

2. NAME: _____ **RELATIONSHIP TO CHILD:** _____

PHONE # (AS MANY AS POSSIBLE): _____

**BY SIGNING, I AGREE TO ALLOW MY CHILD TO ATTEND CAMP AMIGO FROM JULY 13-19,
2014. I UNDERSTAND THAT INAPPROPRIATE BEHAVIOR BY MY CHILD MAY RESULT IN
HIM/ HER BEING SENT HOME EARLY AT MY EXPENSE.**

CAMPER'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

QUESTIONNAIRE

DID YOU COME TO CAMP IN 2013? IF YES, WHO WAS YOUR COUNSELOR? _____

WOULD YOU LIKE THE SAME COUNSELOR AS YOU HAD LAST YEAR? (THIS DOES NOT GUARANTEE THAT YOU WILL HAVE THE SAME COUNSELOR BUT WE WILL TRY EVERYTHING WE CAN FOR YOU TO HAVE THE SAME ONE) _____

WHEN GOING TO CAMP, WHAT ARE SOME OF THE THINGS THAT YOU WOULD LIKE TO DO?

ARE THERE ANY SPECIAL FOOD REQUESTS THAT WE NEED TO BE AWARE OF? (VEGAN, VEGETARIAN, ETC)

**CAMP AMIGO 2014
July 13-19, 2014
*WAIVER AND RELEASE***

RELEASE TO USE PHOTOS AND/OR FILM

MY CHILD WILL BE ATTENDING CAMP AMIGO FROM JULY 13-19, 2014 AND WILL BE PARTICIPATING IN ACTIVITIES OFFERED. I GIVE MY PERMISSION FOR CHILDREN'S BURN CAMP OF NORTH FLORIDA, INC. TO TAKE PHOTOGRAPHS (DIGITAL OR OTHERWISE) AND VIDEO FOOTAGE OF MY CHILD. I UNDERSTAND THAT PHOTOGRAPHS AND VIDEO THAT INCLUDE MY CHILD MAY BE USED TO PROVIDE THE GENERAL PUBLIC AND OTHERS INFORMATION REGARDING BURN INJURIES AND PREVENTION, AND TO INFORM THEM ABOUT CAMPS LIKE OURS.

LOCAL MEDIA FROM TALLAHASSEE, JACKSONVILLE, AND GAINESVILLE ARE INVITED TO ATTEND THE LAST FULL DAY AT CAMP. THERE IS A POSSIBILITY THAT YOUR CHILD WILL APPEAR ON THE TV NEWS OR IN THE PAPER, HAVING A GREAT TIME AT CAMP!

****A PARENT/GUARDIAN OF EVERY CHILD ATTENDING CAMP MUST SIGN THE RELEASE****

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

****THE PHOTOGRAPHS AND VIDEO TAKE AT CAMP WILL ONLY BE USED BY CHILDREN'S BURN CAMP OF NORTH FLORIDA, INC. (CAMP AMIGO) FOR THE PURPOSES STATED ABOVE. PHOTOS AND VIDEO WILL BE TAKEN DURING ALMOST EVERY ACTIVITY BY CAMP STAFF AND OTHER CAMPERS. WE DO NOT ALLOW OTHER ENTITIES OR PERSONS ON THE PREMISES, UNLESS SPECIFICALLY APPROVED AND INVITED. ****

CAMP AMIGO 2014
JULY 13-19, 2014
CAMPERS MINIMUM STANDARDS OF CONDUCT

THESE STANDARDS HAVE BEEN DEVELOPED TO PROTECT CHILDREN'S BURN CAMP FO NORTH FLORIDA, INC. (CAMP AMIGO) IT'S VOLUNTEER COUNSELORS AND ITS CAMPERS. ALL CAMPERS MUST READ AND ADHERE TO THE FOLLOWING RULES. ANY CAMPER THAT VIOLATES THESE RULES OR ANY OTHERS SET FORTH DURING THE COURSE OF CAMP. MAY BE ASKED TO LEAVE CAMP IMMEDIATELY AND MAY NOT BE INVITED BACK TO CAMP THE FOLLOWING YEAR.

- **NO ALCOHOL OR ILLEGAL SUBSTANCES OF ANY KIND WILL BE PERMITTED.**
- **NO FIREARMS OR WEAPONS OF ANY KIND. THIS INCLUDES: GUNS, KNIVES, SLINGSHOTS, FIREWORKS, OR ANY OTHER ITEM THAT COULD BE HARMFUL TO THE CAMPER OR OTHERS.**
- **NO FIGHTING. THIS INCLUDES VERBAL AND PHYSICAL FIGHTING. IF THERE IS A PROBLEM WITH ANOTHER CAMPER, PLEASE FIND A STAFF MEMBER AND THEY WILL RESOLVE THE PROBLEM.**
- **NO ENTERING OTHER CAMPERS' OR COUNSELORS' LIVING AREA WITH THEIR PERMISSION.**
- **NO DISTURBING OTHER PEOPLE'S PROPERTY WITHOUT THEIR CONSENT.**
- **NO DISPLAYING OR PRESENTING MATERIAL, SONGS, ACTIVITIES, OR MESSAGES THAT DEGRADE, INSULT, OR FRIGHTEN OTHERS, OR THAT ARE AT THE EXPENSE OF OTHERS. (BE NICE!!!)**
- **NO INAPPROPRIATE ATTIRE. THIS MEANS NO SUGGESTIVE CLOTHING INCLUDING BATHING SUITS.**
- **YOU ARE REQUIRED TO SMILE AND LAUGH OFTEN AND HAVE A GOOD TIME!!!**

WITH MY PARENTS/GUARDIANS I HAVE COMPLETED THE CAMPER APPLICATION AND HAVE READ AND UNDERSTAND THE RULES FOR MY CONDUCT AT CAMP. I WILL TAKE RESPONSIBILITY FOR MY ACTIONS AND CONDUCT MYSELF IN A MANNER THAT ENSURES MY WELL-BEING. I WILL EXERCISE GOOD JUDGEMENT IN ALL MY ACTIONS AND I WILL FOLLOW THE RULES AND COOPERATE WITH THE CAMP STAFF BECAUSE THEY ARE THERE FOR MY SAFETY.

MOST IMPORTANTLY, I UNDERSTAND THAT IF I DO NOT FOLLOW THE RULES, I MAY BE SENT HOME EARLY AND I MAY NOT GET TO COME BACK TO CAMP NEXT YEAR.

CAMPER'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WHAT TO EXPECT & WHAT NOT TO EXPECT

WHAT TO EXPECT

TO WALK A LOT
TO SPEND A LOT OF TIME TOGETHER AS CAMPER AND COUNSELOR
TO BE ON YOUR BEST BEHAVIOR
TO TRY MANY DIFFERENT THINGS
TO LEARN A LOT ABOUT OTHERS AND YOURSELF
TO BE EXHAUSTED
TO BE FRUSTRATED AT TIMES
TO HAVE YOUR SENSITIVITY TESTED
TO LAUGH HARDER THAN YOU EVER HAVE BEFORE
TO MISS HOME AND SOMETIMES WONDER IF YOU SHOULD HAVE COME
TO FOLLOW THE RULES
TO DO THINGS YOU'VE NEVER DONE BEFORE
TO BE SAD WHEN IT'S TIME TO SAY GOODBYE

WHAT NOT TO EXPECT

TO HAVE OTHERS PICK UP AFTER YOU
TO HAVE A LOT OF PRIVACY
TO EVER REGRET YOUR CAMP EXPERIENCE
TO EVER FORGET YOUR CAMP EXPERIENCE

SIGNATURE: _____ **DATE:** _____

Camp Amigo Policies

Alcohol

- The possession or consumption of alcohol by anyone regardless of location is prohibited.

Tobacco

- The use of tobacco by campers is prohibited. The use of tobacco by adults is only in designated areas and shielded from campers.

Illegal Drugs/ Weapons

- The possession of any substance/ weapons will not be tolerated.

Camp Boundaries

- Campers and counselors must stay on boardwalks. Walking on sand dunes is prohibited. Campers are to be accompanied by a counselor when on the beach, at the bay, or in the pool area.

Curfew

- Campers must be in their designated cabins at lights out. Counselors may be outside the cabin but there must be at least two counselors inside the cabin while campers are asleep.

Cabin Assignments

- At no time will male campers be allowed in female cabins or female campers are allowed in male cabins. Cabins will be kept neat. We are responsible for damages to cabins. Counselors should report any damage to staff immediately. The A/C in cabins is set and IS NOT to be tampered with.

Privacy

- Privacy of campers and counselors is important and should be respected. Avoid any actions, comments or information that may place the camper or counselor in an embarrassing or uncomfortable situation. (i.e. comments regarding weight, speech pattern, gender, sex, race, color, religion, etc.) Also remember that this is communal living and therefore there is no expectation of true privacy.

Touching

- Never touch a camper or counselor on a part of the body normally covered by a bathing suit or in any way that makes them uncomfortable.

Raiding

- Raiding of rooms is prohibited. Though raids may be considered fun, they always end up messing up someone's personal stuff, damaging facilities, and wasting resources.

Being on time

- Our schedule at camp is very laid back. So on the few occasions we do have a designated meeting time, it is important that you and your camper be on time.

Signature: _____ Date: _____

Camp Amigo T.A.L.K. Massage Therapy Program

To the Parents and Guardians of the Campers;

It is my favorite time of year again!!

I will be returning this summer to offer the children therapeutic massage program entitled T.A.L.K. (Touch Alters the Lives of Kids) once again.

During the summer of 2006, we were able to document results at the camp and extend therapeutic massage sessions to children after camp to measure their progress. Our research was published in the Journal of Therapeutic Massage and Bodywork in 2008. You may view a copy of the published research paper at www.ntouchtherapy.com.

Our team of Licensed Massage Therapists believes therapeutic massage and stretching techniques are helpful to degrade scar tissue and increase range of motion. The children will have their burn buddy with them during the sessions and will never be alone with the therapists.

I would like to offer your child therapeutic massage during camp again this summer. The sessions will last about 20 minutes. The session will be designed around the needs of each child.

If you are interested in having your child participate, please return the attached intake form with your application. We must receive a signed form in order to work with your child. We will not accept verbal permission over the phone. Your child will have the option to decline their therapeutic massage session at camp if they are not interested once they arrive.

Please feel free to contact me at 352.870.0238 or by email at Back2neutral@gmail.com. I will be glad to answer any questions you may have. I am really looking forward to working with the children again this summer.

Sincerely,

Raquel Torres, LMT
Florida License #MA 50785

T.A.L.K. Project Intake Form 2014

Date _____ Child's Name _____ Email: _____

Parent/Legal Guardian's Name: _____

Address _____
Street City State Zip code

Contact phone _____ Child's DOB _____ Previous # of massages _____

Description of burn incident: _____

Location of Scarring: _____

Location of donor site(s): _____

Are there any other health issues not associated with your burn accident? Yes__ No__

If yes, for what condition? _____

Please check any of the following you have or had within the last year:

skin condition cancer insomnia herpes heart problems high blood pressure arthritis
 headaches glasses/contacts diabetes digestive disorders epilepsy any contagious or infectious
disease AIDS hepatitis PTSD depression Other

Medications and the reason for their use: _____

I understand that the services offered by the T.A.L.K. Project Licensed Massage Therapists are not a substitute for medical care and any information provided is for educational purposes and not diagnostically prescriptive in nature.

Video Release: I hereby certify and acknowledge that I have been informed that my child may appear in photograph(s)/ video(s) of Scar Management Workshop and Burn Education & Alternative Therapy workshop projects taken and my child's photograph(s)/video(s) will be displayed or published. I understand that only photo projects, my child's photograph(s)/ video(s) will be displayed or published. I state that I am the parent or legal guardian of the child on this form and I do hereby consent that the photograph(s)/video(s) may be used by the signing of this agreement. I agree to the above terms for my child's session(s).

Parent/legal guardian signature _____ Date _____