

# Camp LionHeart Cardiac Kids Camp 2024

## Camper Application

### General Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Camper/Guardian Email address: \_\_\_\_\_

### Legal Parent / Guardian Information

Parent / Guardian Full Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Emergency Numbers

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper lives with (circle one) – BOTH PARENTS FATHER MOTHER OTHER: \_\_\_\_\_

Is there anyone that campers should not have contact with while at camp and reason?

\_\_\_\_\_

### Medical Information

Pediatric Cardiologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Heart Problem(s): \_\_\_\_\_

\_\_\_\_\_

### Immunization and Exposure History

Are your child's immunizations up to date? YES NO Have they received the COVID vaccine? Y N

Has camper been exposed to chicken pox or any other communicable disease in the past 1-3 months?

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

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### Medications

(Please send a copy of your child's insurance card)

Medication	Dosage	Time of Day Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

### Allergies

Allergies to any medications, foods, or other things? \_\_\_\_\_

If exposed, what happens? \_\_\_\_\_

Is he/she required to carry an EPI Pen? YES NO

### Other General Information

Does your child need assistance with any normal daily activities? If yes, please explain:

\_\_\_\_\_

List any other chronic or recurring illnesses that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had seizures or neurological disorders? \_\_\_\_\_

If so, please describe this condition including how often and when was the last occurrence: \_\_\_\_\_

\_\_\_\_\_

**(If your child is being followed by a neurologist, a letter of clearance is needed to attend camp)**

Has your child been under the care of or been counseled by a School Counselor, Social Worker, Psychiatrist, or Psychologist at any time? YES NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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Use the space below to provide any additional information about your child's behavior or physical, emotional, or mental health the camp should know about (i.e. bedwetting, recent move, divorce, recent death, phobias/fears, etc.)

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Is your child on a special diet for health or religious reasons? If yes, please explain: \_\_\_\_\_

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Please share information with the counselors that will help make your child's adjustment to camp smoother (i.e. camper's way of handling anger, frustration, fear, etc.) \_\_\_\_\_

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Does your child participate in any sports? If so, please list: \_\_\_\_\_

### Activity Level (Please circle one)

#### Not Active

Does not like to walk/run or go outdoors much

#### Somewhat Active

Likes indoors, but does walk/run or play for less than 30 mins per day at least 3 times a week

#### Active

Walks/runs/plays outside most of the time or at least 30 mins per day 3x's a wk

#### Very Active

Plays sports or walks/runs/plays 30 mins or more each day

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### Camper Expectations

Our hope is that Camp LionHeart will be a place for campers to make friends and find support. We expect all campers to be respectful and responsible at all times. Camp is an experience in group living. In order for Camp LionHeart to be safe, fun, enjoyable, and to run successfully, everyone must cooperate and comply with camp rules. Please read and discuss with your child the following expectations before camp:

1. Each camper must treat every person at camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse or destruction of property. Any aggressive behavior will not be tolerated. No bullying will be allowed.
2. Campers must help out with chores as they are able (dining hall and cabin clean-up, packing and unloading) and comply with cabin rules.
3. Alcoholic beverages, illegal drugs, and tobacco products are not allowed.
4. Guns, knives, slingshots, fireworks, or any other weapons are not allowed.
5. Sexual or suggestive behavior is not appropriate or acceptable.
6. Swearing and foul language are not acceptable.
7. Cell phones are not permitted during Camp LionHeart activities and must stay in the rooms.

If at any time during camp these expectations are broken or a camper's behavior takes away from a positive camping experience, the Camp Staff reserve the right to notify the parent(s)/guardian. They will be required to pick up their child at Camp LionHeart at their own expense.

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We have read, discussed and understand the content above.

Print Camper Name: \_\_\_\_\_ Camper Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Photo Consent Form

Camp LionHeart uses photographs, film, videotape, news releases, internet publications, and articles to keep the public informed of the camp services and activities. Occasionally, outside photographers from newspapers or television stations are also used to help illustrate camp activities. We appreciate your permission to photograph (you/your child) or use (your name/child's name) and story during your stay at Camp LionHeart and to use them as mentioned above.

By signing this form, you indefinitely waive the right to inspect or approve the photographs and/or materials before publication. Camp LionHeart and their affiliated corporations, officers, agents, and employees are indefinitely released from all debts, claims, and/or liability of any kind arising out of or in connection with the use of your name, story, or statements and the use of any caption or descriptive material herewith.

Your signature fully releases Camp LionHeart of all responsibility for information and photographs that are used.

Date: \_\_\_\_\_

Event: Camp LionHeart

Camper/Minor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Permission Granted By:

Parent/Guardian Signature: \_\_\_\_\_

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### Medical Release/Permission to Treat: Camper/Minor

I am the parent/guardian of this minor child, \_\_\_\_\_, Date of Birth \_\_\_\_\_

I authorize and appoint any member of the Camp LionHeart staff to care for my child while attending Camp LionHeart Annual Cardiology Kids Camp. This authorization shall include the right to any necessary medical treatments and any emergent medical treatments.

I authorize the Camp Director and/or camp staff to communicate about my child's medical information with his/her cardiologist and/or primary care physician. I understand that Camp LionHeart will retain camp records/medical information on my child for no longer than five years or until I request they be destroyed or given to me.

This medical authorization shall take effect immediately and shall be valid until the end of camp.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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### Release of Medical Information

I hereby authorize release of the information requested on the Medical form to Camp LionHeart, its delegates, assigns, and other medical care providers that are deemed appropriate and necessary.

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Legal Guardian (print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### Cell Phone and Electronics Policy

Camp LionHeart is not responsible for any loss or damage of a camper's cell phone or electronics. It is recommended that you do not bring a cell phone/electronic device. Our camp site, Camp Kirchenwald, does not allow cell phone usage during camp activities. This is not just a Camp LionHeart rule, so please respect the camp site rules.

- If your child does bring a cell phone, he/she will not be allowed to use it outside of his/her room. If seen outside of his/her room, it will be taken away.
- If a child needs to contact you, there will be plenty of staff available to assist your child in doing so. Please make sure that all contact numbers are correct and up to date on the application.
- If your child's cell phone/electronic device is taken away, it will be turned off and not given back until the last day of camp.

Please sign below acknowledging your understanding

Camper Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Movie Permission Slip

My child (Name) \_\_\_\_\_, has permission to watch G, PG and/or PG 13 rated movies:

(Circle one) YES NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Release and Waiver of Liability

This agreement releases the following organizations, Ellie’s Heart Foundation, Children’s Heart Group, Penn State Hershey Medical Center and Camp Kirchenwald (Hereinafter collectively known as “Camp Lionheart”) and each of their directors, officers, employees, volunteers, and agents including sponsors of Camp Lionheart. In as much as the undersigned wishes their child to participate in Camp Lionheart and its activities; the undersigned recognizes that certain hazards are inherent in camp events and programs. Therefore, the undersigned states as follows:

I acknowledge that I have familiarized myself with the activities that my child will be participating in during their week at Camp Lionheart and consent to their participation in the events with the exception of: \_\_\_\_\_

I acknowledge that although safety measures have been taken to minimize risk of injury to camp participants, Camp Lionheart cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of all camp participants.

Waiver and Release: I, the undersigned, release and forever discharge and hold harmless Camp Lionheart and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child’s participation in Camp Lionheart activities. I understand and acknowledge that this Release discharges Camp Lionheart from any liability or claim that I and/or my minor child(ren) may have against Camp Lionheart with respect to bodily injury, personal injury, illness, death or property damage or loss that may result during while my child participates in Camp Lionheart Activities.

1. Insurance: Further I understand that Camp Lionheart does not assume any responsibility for/ or obligation to provide me and or my minor child(ren) with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of our injury, illness, death or damage or loss to our property. I expressly waive any such claim for compensation or liability on the part of Camp Lionheart and/or its volunteers beyond what may be offered freely in the event of such injury or medical expenses incurred by me and/or my minor child.
2. Medical Treatment: I hereby Release and forever discharge Camp Lionheart and each of its directors, officers, employees, volunteers, and agents from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services



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rendered in connection with an emergency as a result of my child's participation in Camp Lionheart.

3. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the Commonwealth of Pennsylvania and that this Release shall be governed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
4. I UNDERSTAND THAT THIS IS AN IMPORTANT LEGAL DOCUMENT RELATING TO MY CHILD'S PARTICIPATION IN CAMP LIONHEART, AND BY THE SIGNING OF THIS DOCUMENT I AM WAIVING LEGAL RIGHTS I AND MY MINOR CHILD(REN) MAY HAVE AS PARTICIPANT OF CAMP LIONHEART.

By signing below, I express my understanding and intent to enter into the Release and Waiver of Liability willingly and voluntarily:

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camper's Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Parents: **Keep this page as a reminder and reference.**

**Before a camper can be accepted to camp, the following must include: (if any part is missing, your child will not be accepted until the application is complete)**

- All sections and signatures completed on application
- Copy of health insurance card
- Cardiology form completed by your Cardiologist – your child must have seen their cardiologist within 1 year of the application (unless otherwise requested by your cardiologist)

### **Items to bring to camp:**

- Toiletries (deodorant, shampoo, soap, toothpaste, toothbrush, hair brush, etc.)
- Wash cloths and towels
- Swim Suit, beach towel, and sunglasses
- Sun block and bug spray
- Flash Light
- At least 7 outfits and undergarments
- Shoes (Flip-flops, tennis shoes, sandals)
- **Medications in original bottles**

**\*\* Bed Linens and Bath towels are provided by the camp, but a child may bring their own if that is preferred. \*\***

**Please return completed forms by June 1<sup>st</sup>, 2024 to:**

***Camp LionHeart - Children's Heart Group***

***121 N. Nye's Road, Suite D***

***Harrisburg, PA 17112***

***Phone: 717-531-8674***

***Fax: 717-531-0401***

*Once all of the necessary forms are received and reviewed, you will be contacted regarding acceptance and planning for an exciting week at Camp LionHeart 2024.*