



PARENTS: Please keep this sheet. Do not return it with the application. This sheet contains pertinent information about registration, directions and camp dates.

Brave Hearts' Camp 2010

Please return your application early so that we can plan accordingly!

Camp dates: June 6-11, 2010 Application due by: May 1, 2010

Bus transportation is available to the camp. The bus will depart the Foundation offices parking lot located at 2506 Willowbrook Parkway, Indianapolis IN, at 1:00 p.m. on Sunday, June 6th. **If you intend for your child to ride the bus, you must notify the Foundation and return the transportation release included in this packet.** Return transportation will also be provided. The children will arrive back in Indianapolis on Friday, June 11th, 2010 at or around the noon hour. Children can be picked-up in the parking lot at 2506 Willowbrook Parkway, Indianapolis IN.

If you are bringing your child to camp, directions are as follows:

From the North

Take 67 South towards Mooresville and Martinsville
Go through Mooresville
Continue on 67 South several miles
Pass the Centerton caution light
Pass the Davis Heating and Cooling on your right
The entrance to Bradford Woods is exactly one mile south of Davis Heating and Cooling
Turn right into Bradford Woods' property

From the South

Take 37 North to Martinsville
Merge onto Morton Ave/IN-39 North
Follow IN-39 turning left at the light
Go to the second traffic light and bear right to follow 67 North
Follow 67 North approximately 7 miles
Pass the green "Mooresville – 10 miles sign"
The entrance to Bradford Woods is exactly one mile north of this traffic sign
Turn left into Bradford Woods' property
If you have questions, please call the Foundation, toll free, 877.814.2024 or 317.803.2876.

Campers Supply List

Each camper is responsible for bringing the following:

- 7 changes of clothing, undergarments and pajamas.
- Long sleeve shirt and jeans, jacket or sweatshirt
- Pillow, blanket and/or sleeping bag, twin size sheet
- Special bed or pillow covers as required due to allergies**
- Tennis shoes
- Hat if child has sustained burns to the scalp area.
- Swimming suit / beach towel
- Daily lotions and sunscreens
- Any special dietary needs or supplements
- One week supply of medication and/or vitamins in original containers
- Toiletries: toothbrush, toothpaste, bath soap, shampoo

Notes:

In an effort to insure camper's clothes are returned home with them, please label children's clothing with first initial and last name.



Brave Hearts Camper Application

CHECKLIST FOR CAMP APPLICATION SUBMISSION

To be Returned to The People's Burn Foundation

- Camp Application
- Physicians Statement
- Medical Insurance Information & Medical Release
- Consent and Waiver
- Transportation Request

Please Mail Back in the Enclosed Postage Paid Envelope to:

The People's Burn Foundation
2506 Willowbrook Parkway Suite 222
Indianapolis IN 46205
Attn: Cindy or Lora

Or Fax to:

317-692-0876



Brave Hearts Camper Application

Please return by May 1, 2010

General Information

Camper Name _____ Date of Birth _____ Age _____
Address _____ City _____ ST _____ Zip _____ County _____
T-Shirt Size: **Adult** S M L XL XXL **Child:** S M L XL Male Female
Home Phone _____ Cell Phone _____
Email Address _____
Parent/Guardian _____ Relationship _____
Mother's Work Phone _____ Father's Work Phone _____
Grade in Fall of 2010 _____ Name of School _____

Emergency Information: (MUST BE COMPLETED)

In the unlikely event of an emergency, we will make contact first with the parent/guardian listed above. If we cannot reach you, please designate alternate contacts in order of preference.

Name _____ Name _____
Phone _____ Phone _____
Relationship to Camper _____ Relationship to Camper _____

Is there any person restricted from seeing the camper or from picking him/her up on final day of camp?

Yes _____ No _____ If Yes, please identify by name: _____

Are there any circumstances you wish to elaborate on? _____

IS THE DEPARTMENT OF CHILD AND FAMILY SERVICES (DCFS) CURRENTLY INVOLVED: ___ YES ___ NO

DCFS WORKER NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE:(_____) _____ FAX#:(_____) _____

Camper Update

Please detail any information you feel is relative to your camper's emotional and physical health in the last year. For instance, did he/she undergo surgery? Were there problems in school or family? This information is important for the therapist to prepare your child's profile.

Has there been any changes for your child and/or family in the last year?

Has there been any special problems with behavior or academic performance in the last year?

Does your child sleepwalk or get up during the night? If yes, please explain the circumstances in the home environment in which this occurs.

Is your child currently in counseling? If so please tell us where and what the issues are.

Has the camper ever been a victim of child abuse? _____ If Yes please explain: _____

PHYSICIAN STATEMENT
(TO BE COMPLETED BY A LICENSED PHYSICIAN)

The examination should be performed within the calendar year since the 2009 camp ended.

Name: _____

Date of Birth: _____ Weight: _____ Height: _____ Male Female

MEDICINE _____ FREQUENCY _____ DOSAGE _____

MEDICINE _____ FREQUENCY _____ DOSAGE _____

MEDICINE _____ FREQUENCY _____ DOSAGE _____

MEDICINE _____ FREQUENCY _____ DOSAGE _____

Please Mail to:
The People's Burn Foundation
2506 Willowbrook Parkway
Suite 222
Indianapolis IN 46205
317-803-2876 Office
317-692-0876 Fax

Please describe overall health and recommendations and restrictions while at camp:

Immunizations: Mark each immunization with the month and year received.

Diphtheria, Tetanus, Pertussis _____

Measles _____

Rubella _____

Polio _____

Mumps _____

Has this child ever had:

Measles Yes _____ No _____

Mumps Yes _____ No _____

Rubella Yes _____ No _____

Chicken Pox Yes _____ No _____

Has this child ever experienced any adverse reaction to medication or medical treatment? If yes, please explain. _____

I have examined the _____ and have reviewed his/her health history. It is my
(Child's Name)

opinion that he/she is physically able to engage in camp activities, except as noted above.

Allergies

Does this child suffer from any allergies such as bee stings, hay fever, poison ivy, medications, foods, etc? If so, please explain

Jarring Toleration

YES NO For activities at the horse barn, such as horseback riding, can the camper tolerate jarring? If no, please explain: _____

All riding is done with close supervision by trained therapeutic riding instructors. Upon reviewing the program description and possible contraindications, please indicate your medical opinion below by checking one of the boxes below.

FULL PARTICIPATION The camper can participate in all aspects of the barn experience including riding.

PARTIAL PARTICIPATION- The camper CANNOT participate in the following:

___ Horse Riding ___ Grooming ___ Other _____

NO PARTICIPATION- The camper CANNOT participate in any part of the barn program. This includes going to the barn.

If any concerns or exemptions to full program participation, please describe below: _____

All of the above information, combined with the information received in their medical history, will be used by Bradford Woods, Agape and The People's Burn Foundation to assess the child's ability to participate in programs including The Barnyard Experience.

_____ / _____ / _____

Physician Signature (MANDATORY)

Date

Physician Printed Name

Phone Number

Fax Number

DATE OF BURN _____	PERCENTAGE OF BURN _____
PLACE OF TREATMENT _____	LENGTH OF HOSPITAL STAY _____
AREA OF BODY BURNED _____	
HOW WAS CAMPER BURNED? _____	
IS CAMPER CURRENTLY RECEIVING TREATMENT? ___ YES ___ NO	
IF YES PLEASE EXPLAIN: _____	
CURRENT STATUS OF BURN INJURY: _____	
HAS CAMPER ATTENDED OTHER CAMPS? IF YES WHERE? _____	

**Parental Agreement and Authorization
MEDICAL INSURANCE INFORMATION**

Child's Name: _____
Insurance Company: _____
Policy/Group Number: _____
Name of Primary Member: _____
Medicaid Number: _____
If not medical coverage, please indicate. _____

EMERGENCY MEDICAL RELEASE

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts programs consisting of outdoor education modules and adventure/challenge activities, including new games, field initiatives, individual and group challenge activities, hiking, camping, caving, canoeing, other water based activities, low, intermediate, and high ropes courses, fishing, archery, backpacking, caving, arts and crafts, other recreations, environmental nature studies, transportation to and from activity sites and all other activities. These activities are supervised by University staff, interns, and school personnel.

Although novice skills will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participants willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

During the participation of The People's Burn Foundation Brave Hearts Camp at Bradford Woods program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for the individual.

I declare that I have read and understand the contents of this MEDICAL SERVICES PERMISSION, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant Signature (Legal guardian's signature if participant is under 18) Date

TRANSPORTATION REQUEST

PARENTS: Please read this request carefully.

Sunday, June 6, 2010 – The bus will leave from 2506 Willowbrook Parkway, Indianapolis IN (just north of 46th Street and east off Keystone Ave.) at 1:00 p.m. Please make sure your child is at the Willowbrook Parkway parking lot no later than 12:45.

Friday, June 11, 2010 – The bus will arrive at 2506 Willowbrook Parkway, Indianapolis IN between noon and 12:30 p.m. Please make sure that you are in the parking lot at the above location when the bus returns.

_____ **No transportation to camp is required.**

_____ **No return transportation to Indianapolis is required.**

If you have made other transportation arrangements to bring your child to camp, or to pick-up from camp, please give the name and contact information for the person responsible for the transportation. Camper pick-up is at 10:00 on Friday, June 11, 2010 at Bradford Woods, Martinsville IN. **Please do not make your children wait for pick up.**

Name of Responsible Person: _____

Relationship to camper: _____ Contact Telephone: _____

As parent and/or legal guardian of _____,

I am requesting transportation for _____ to attend Brave Hearts' Camp.

Transportation Release Brave Hearts' Camp 2010

Whereas, I, (Parent/Guardian Name) _____ being over the age of 21 years, have requested transportation for _____ who will be a camper at Brave Hearts' Camp, a program offered by the People's Burn Foundation. He/she will accompany an agent of said organization during the performance of their official duties. Whereas, I am aware that he/she may be subjected to risk of bodily harm or damage to their person or property by accompanying a People's Burn Foundation agent during the performance of their duties. Now, therefore, in consideration of the permission granted for my child to ride in a motor vehicle, I do hereby agree that People's Burn Foundation, its sureties, all agents of said organization, shall incur no liability for loss, damage or financial responsibility arising out of, or in any manner, connected with any damages, injury, or loss to my child/ward or their property incurred while riding in any motor vehicle operated by said organization or while accompanying any agent of the People's Burn Foundation during the performance of official duties and activities. I do further save and keep the People's Burn Foundation, its sureties, and all members of said organization, and each of them free and indemnified and harmless from any loss, damage or injury to my child/ward or my property resulting from any of the aforesaid acts.

Signature:

(Parent/Guardian) _____ Date _____ Phone: (_____) _____