



San Diego State University - July 12-17, 2008
details at www.rally4youth.org

Dear parent or guardian,

The following 7 pages are for you and your son or daughter to complete. We ask that you provide as much detail as possible, so that we can be sure to give your camper the very best care while with us.

The 7 pages are subdivided as follows:

Section 2a • Youth Rally Health Form (3 pages)

Section 2b • Youth Rally Camper Form (2 pages)

- first page for camper to complete
- second page (Code of Conduct) for camper and parent to sign

Section 2c • Supplemental Forms (2 pages)

- CONSENT for participation
- WAIVER of liability:
- Swim Permission
- CONSENT to Treat

There are **some items to be attached** when you send in the application:

1. Part 1 (the “Intent”) if you have not already sent that in.
2. Additional pages, if needed, to describe the camper’s health situation or medications
(Please do not write on the back of the application pages, so copying will be easier—thanks!)
3. A recent photo of your daughter or son (see inset box).
4. **VITAL**: please copy both sides of your camper’s health insurance documentation and attach it with this section.

Directions for submitting the application are on the last page of this Part 2.

Remember that camp is one day longer this year than in 2007, which is one reason why the 2008 fee is \$425.

If you need sponsorship assistance, we hope that you checked the appropriate box on Part 1. If you didn’t do that, please contact us via info@rally4youth.org.

We look forward to seeing your camper in July!

Youth Rally Committee



Please attach a school or candid photo to the application. Even if your child has been at camp before, you know that they change from year to year. They GROW!
Having a photo will assist us when we meet your child at the airport or camp.

Section 2a • Youth Rally Health Form (#1 of 3 pages)

To be completed by parent or guardian

Youth Name: _____ ***Please print all***

Date of Birth: _____ Current Age: _____

Gender: M F Height: _____ Weight: _____

HEALTH HISTORY

The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for you records. Any changes to this form should be provided to camp health personnel upon participant’s arrival in camp. Provide complete information so that the camp can be aware of your child’s needs.

ALLERGIES *(please list all that apply)*

Medication allergy *(List and describe reaction and management of the reaction):* _____

Food allergies *(list):* _____

Other allergies *(list – please include insect, hay fever, asthma, animal dander, etc.):*

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- Yes This person takes **NO** medications on a routine basis
- Yes No? This person takes medication for psychological disorder. (e.g.: mood, depression etc.)?
- Yes No This person is independent with medication administration.

Name of medication	Reason for giving	Dosage	Times to be taken

Section 2a • Youth Rally Health Form (Cont. - #2 of 3 pages)

General Questions:

To be completed by parent or guardian

Has/does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have problems with joints? (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been hospitalized within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems? (itching, rash, acne)	<input type="checkbox"/>	<input type="checkbox"/>
4. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	21. If female, have abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	22. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever been diagnosed with heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have back problems?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	28. Use an assistive device to walk or get around (wheelchair, braces etc)?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the questions.

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health, which the camp should be aware. (e.g.: Needs to be reminded to take medication, treatments not mentioned, has periods of depression/sadness, etc. -- Attach separate sheet if necessary.)

Are there any special things you would like your child to accomplish at camp?

SELF CARE SKILLS

	Independent	Needs help (describe assistance needed)
Emptying pouch	<input type="checkbox"/>	<input type="checkbox"/>
Changing pouch	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Section 2a • Youth Rally Health Form (Cont. - #3 of 3 pages)

To be completed by parent or guardian

My child's bowel or urinary diagnosis or dysfunction is: (e.g. *Ulcerative Colitis, Imperforate Anus, spina bifida, etc.*)

Has your child ever had surgery for bowel and/or bladder management? Yes No

(e.g.: *ostomy, pull-through, ileal conduit, appendicostomy, etc.*)

If yes, list surgeries and approximate dates: _____

Please explain your child's current bowel and/or urinary management process.

(e.g.: *ostomy pouch, diapers, enema, catheterization, irrigation etc.*)

Exactly what help with bowel and/or bladder management will your child need at camp?

Please explain any special concerns that you would like the staff to address while your child is at camp.

Section 2b • Youth Rally Camper Form (#1 of 2 pages)

To be completed by applicant that will be attending the rally

Are you able to manage your own personal needs?

What would you like to learn at the Youth Rally?

Please tell us 3 things about yourself.

1.

2.

3.

If you have attended the Rally in the past, please tell us about your best experience while there.

Applicant Signature _____

Section 2b • Youth Rally Camper Form (Cont. - #2 of 2 pages)

Code of Conduct

- ❖ Treat all other campers and all staff with respect
- ❖ In-room curfew 11 PM
- ❖ Lights out at midnight
- ❖ No loud music
- ❖ iPod or other personal entertainment device use only outside of scheduled session times
- ❖ Cell-phone use only outside of scheduled session times
- ❖ No campers allowed in rooms or halls of the opposite sex
- ❖ No tobacco, alcohol or illegal drug possession or use
- ❖ No weapons
- ❖ No vandalism
- ❖ No disorderly conduct
- ❖ Sexual harassment will not be tolerated
- ❖ Daily bath or shower must be taken
- ❖ Dorm rooms, common areas and bathrooms are to be kept tidy (used pouches are to be properly disposed in Ziploc[®] or similar sealable bags)
- ❖ Attend ALL scheduled meals on time
- ❖ Attend ALL scheduled meetings and activities on time
- ❖ Stay at ALL scheduled activities until COMPLETION of activity
- ❖ Campers are NOT allowed to leave the campus unless the Rally Chair gives permission and two Youth Rally staff accompany the camper
- ❖ No inline skates, skateboards or scooters
- ❖ No pizza may be ordered after 10 PM
- ❖ No changing of room assignments

I have read and **will adhere** to the Youth Rally Code of Conduct at all times. I understand that if I break the Code of Conduct I will immediately be sent home at my parents' expense.

Camper's Signature

I have read and understand my child must adhere to the Youth Rally Code of Conduct. If my child does not abide by the rules of the rally, **I understand that she/he may be sent home at my expense.**

Parent's Signature

Section 2c • Supplemental Forms (#1 of 2 pages)
Youth Rally Consent, Waiver of Liability and Swim Permission

CONSENT for participation:

I hereby give consent for my child, _____ to attend the Youth Rally. I understand that acceptance is contingent upon recommendations of my child's physician and the Youth Rally Committee. I give permission for my child to participate in all activities, including sports such as softball, volleyball and swimming, unless contraindicated by my child's physician. I also give permission for my child to participate in activities that may require transportation in a moving vehicle, knowing that the driver will be 21 years or older and duly licensed to drive. I also consent to pictures being taken of my child for use in publicity if the opportunity arises. I understand that I will be called in the event of a major illness or injury. I understand that emergency medical treatment may have to be provided and agree that the rally chairperson may authorize said treatment, in the event it is needed. If my child does not abide by the rules of the rally, I understand that she/he will be sent home at my expense.

Signed this _____ day of _____, 2008

Signature of Parent or Guardian

Relationship

Signature of Parent or Guardian

Relationship

WAIVER of liability:

CHILD 'S NAME _____ STATE OF RESIDENCE _____

I hereby waive all claims against the Youth Rally Committee, Inc. (YRC) and camp sponsors, personnel and volunteers for any injury that my child might suffer at the Youth Rally.
I certify that I am the parent(s)/legal guardian(s) for said child and that I am the legal custodian of the child and have the authority to execute this waiver.

Signed this _____ day of _____, 2008

Signature of Parent or Guardian

Signature of Parent or Guardian

SWIM PERMISSION:

CHILD 'S NAME _____

I hereby give my child permission to swim while at the YRC Youth Rally Camp. I understand that there will be adult supervision during all water activities.

My child does not swim

My child is a beginning swimmer

My child swims well

Signed this _____ day of _____, 2008

Signature of Parent or Guardian

Signature of Parent or Guardian

Supplemental Forms • Section 3 (Cont. - #2 of 2 pages)

Youth Rally Consent to Treat

Camper's Name _____ Date of Birth _____ Gender: _____

To the best of my knowledge, the attached health history is correct and the person described has permission to engage in all camp activities except as noted by me and/or the examining physician.

I authorize the Youth Rally Medical Chairperson or designated person to seek medical attention as necessary for my child, _____, in the event of illness or injury while attending the Youth Rally. This may be done at a physician's office or medical facility of choice. I also give permission to the physician selected by the Rally chairperson or designee to render any necessary medical care to my son/daughter as named above. I also give permission for the Youth Rally staff to care for this child in accordance with the doctor's orders.

I understand that in the event of serious injury or illness I will be notified as soon as possible. If I cannot be notified in the event of a medical or surgical emergency, I give permission for my child to be taken to the hospital and treated by the hospital physician(s). If my child is hospitalized during the course of the Rally and is still hospitalized when the Rally ends, I understand it is my responsibility to arrange for transportation home. The Rally Chairperson or staff will not stay past Rally conclusion on Wednesday, July 11 to supervise care or transportation needs.

Signature of Parent or Guardian _____ date _____

Signature of Parent or Guardian _____ date _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work: _____ Emergency: _____

Health Insurance Company: _____ Policy#: _____

Public Assistance (example: Medicaid) ID #: _____

MANDATORY – Include copy of both sides of insurance identification card and return with application form.

Physician's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Emergency: _____

Due no later than June 1, 2008

Please mail the completed **Rally Application** as soon as possible, as space may be limited.

Mail to:

Youth Rally Committee, Inc.
Linda Aukett, Secretary
424 Bradford Avenue
Westmont, NJ 08108

If not mailing, other delivery options:

Scan & email to laukett@rally4youth.org
OR Fax: 856-854-5637 (afternoon or evening)

Questions? Call 856-854-3737