Camp KIDS is a free day camp for members of Cancer Support Community Greater Philadelphia. Camp is 9:30am-3:30pm. We provide a morning snack, lunch and an afternoon snack. We have area companies that come out and cook lunches for our campers. Menus will be shared with campers at a later date.

There are 11 days of Camp KIDS being offered this summer and 2 days of Teen Camp. There is no limit to the number of days to sign up, but space is limited. To register campers and counselors, complete pages 3-6 of this Camp KIDS Registration form and return to Christina@cancersupportphiladelphia.org

Things to know about Camp KIDS

What to Bring to Camp
Please label everything.

- Backpack/Bag
- Refillable Water bottle (we will be outside a lot and will have water for refills)
- Change of clothes (optional) - we will play some water games.
- Bag to put wet clothes in - if needed
- Towel - to dry off from water games and to use outside to sit on grass.
- Sunscreen
- Lunch - if you do not like what is on the menu. (menus available before camp starts.
- Cell phones can come (if necessary) and stay in backpacks all day. CSCGP is not responsible for phones. Phones are not to be used during camp unless specially directed.
- Special items requested to enhance camp theme day.

Toys or other items from home are not needed to come to camp. CSCGP cannot be held responsible for damages or losses of anything that comes to camp.

Health Safety Procedures
If you are sick (coughing, fever, or anything possibly contagious), please do not come to camp. If your child is not able to attend camp, please alert Christina.

Absence
Please email Christina before camp if your child is not attending camp that day. Please indicate if it's due to illness.
**Dress**
Campers can wear shorts and t-shirts to camp. Sneakers are also encouraged. Please no flip flops or open toed shoes.

**Sunscreen**
Please use sunscreen prior to camp arrival. Counselors will encourage campers to reapply after lunch or heavy water activities.

**Morning Check In**
Drop off for Camp KIDS begins at 9:30am. A car line can form in front of Noogieland. A counselor will meet you for check in.

**Pick up Procedure**
Camp KIDS ends at **3:30pm**. Parents are asked to park in the parking lot and sign their child out. Only designated persons may sign their child out. Please be sure to come on time and to take all belongings home. Our counselors need as much time as possible to set up for the next day.

**Camp Photos and Social Media**
CSCGP will take photos and videos of all the campers and counselors during camp that will be used for CSCGP promotion on social media or other outlets. These photos will remain the property of CSCGP and will not be provided to other users or sold for profit.

If at any time, you have a concern or a worry, please do not hesitate to contact CSCGP. Our goal is for your child to have a fun day at camp. If there is an issue, we want to tackle it right away.

**Contact Information**
Christina Wise, Children & Teens Program Manager
200 Kirk Road Warminster, PA 18974
christina@cancersupportphiladelphia.org
(215) 441-3290 ext 115
Name __________________________________________________________

Circle: Camper 4-12 yrs old or Counselor 13+ yrs old

Grade completed ______ Age ____ T-Shirt Size: S M L XL Youth or Adult

Email Address _______________________________________________________

Parent/Guardian (s) name _____________________________________________

Best # _____________________________________________________________

Parent/Guardian (s) name _____________________________________________

Best # _____________________________________________________________

If primary contacts can’t be reached, please provide an additional contact person.

Name _____________________________________________________________

Relationship _______ Best # ___________________________________________

List all allergies (food, medicines, other.)

If your child requires a special diet, please explain: Note that CSCGP may not be able to accommodate special diets. Please discuss it with a staff member.

Please provide medical information pertinent to routine care and emergencies:

Is your child taking prescription or over the counter medication(s)? YES NO

Please note that CSCGP staff/volunteers cannot administer any type of medicine. If yes, indicate names of medication(s):
Does your child have special needs or require special accommodations? **YES**  **NO**

If yes, please explain: Note that due to our limitations CSCGP may not be able to accommodate all needs and may require assistance. Please discuss it with a staff member.

Is there anything else that Camp KIDS staff should know about your child?

Please read each statement below & initial each item.

_____ I give permission for CSCGP to use photographs and videos taken of my child for the general promotion of CSCGP on social media or other outlets. These photos will remain the property of CSCGP and will not be provided to other users or sold for profit. I understand that I have voluntarily allowed photographs and video to be taken, and that I will receive no payment.

_____ I have been advised to consult my child’s physician before having him/her participating in any physical activities and to follow the physician’s advice with respect to such activities.

_____ CSCGP will provide a morning snack, lunch and an afternoon snack. CSCGP is not responsible for any reactions to food.

_____ If my child requires a special diet, I agree to provide all snacks and lunch for my child as discussed with a CSCGP staff member.

_____ I release CSCGP of any and all liability for any injury or damages resulting from or incurred in connection with my child’s participation in any recreational and/or physical program except to the extent that such injury or damages are caused by gross negligence on the part of CSCGP, and I agree to indemnify and hold CSCGP harmless with respect to any claim rising from any intentional or negligent conduct on my child’s part.

_____ I give permission for the camp counselors to apply First Aid Cream or Neosporin and a Band-Aid to simple cuts and scrapes.

_____ If my child requires special medicine (such as those needed for asthma or bee stings as examples), I will discuss the medicine with a CSCGP staff member to determine if my presence is required to be on the property at all times. Please note that CSCGP cannot administer medicine or use medical devices including EpiPens. CSCGP is not responsible for reactions to any medicine.
____ In the event of a life-threatening emergency, I am aware that the staff of CSCGP will call 911 for transport to either Abington Hospital or Doylestown Hospital.

_____ If my child will be late, need to miss camp or needs to leave early, I will email Christina before the start of camp.

_____ At 9:30am drop off, I will inform the counselor of any special instructions which may include changes to my contact information in case of an emergency and who will be picking the child up that day.

_____ I agree to pick my child up at 3:30pm and sign him/her out.

My signature and initials on this form represent my agreement to the above. Any questions or concerns I have resolved with the CSCGP Staff.

____________________________________________     __________
Parent/Guardian Signature     Date

Please circle all dates you are planning to attend.
Camp is 9:30-3:30

1. Tuesday, June 20
2. Wednesday, June 21
3. Monday, June 26
4. Tuesday, June 27
5. Wednesday, June 28
6. Monday, July 10
7. Tuesday, July 11
8. Wednesday, July 12
9. Monday, July 17
10. Tuesday, July 18
11. Wednesday, July 19
12. Monday, July 24 = TEEN CAMP for kids 13+
13. Tuesday, July 25 = TEEN CAMP for kids 13+