

Camp KIDS is a **free** day camp for members of **Cancer Support Community Greater Philadelphia**. Camp runs from **9:30 AM to 3:30 PM**, providing a fun and supportive environment for our campers. It is located at Gilda's Club - 200 Kirk Road Warminster.

We offer **morning and afternoon snacks**, as well as **lunch**, generously prepared by local business volunteers. Menus will be shared with campers closer to the start of camp.

This summer, we're excited to offer **12 days of Camp KIDS** and **2 days of TEEN Camp**. There is **no limit** to the number of days you can sign up for, but **space is limited**—so be sure to register early! To register campers and counselors, please complete **pages 3-6** of the Camp KIDS Registration Form and return it to **Christina@cancersupportphiladelphia.org**.

We can't wait for another amazing summer at Camp KIDS and TEEN Camp!

Things to Know About Camp

What to Bring to Camp

Please **label everything** to help prevent lost items.

- **Backpack/Bag**
- **Refillable water bottle** – We'll be outside a lot and will provide water for refills.
- **Change of clothes (optional)** – We'll play some water games!
- **Bag for wet clothes** – If needed.
- **Towel** – For drying off after water games and sitting on the grass.
- **Sunscreen** – Please apply before camp.
- **Lunch (optional)** – If you prefer something different from the camp menu (menus will be shared before camp starts).
- **Cell phones** – Allowed if necessary but must stay in backpacks all day. CSCGP is not responsible for lost or damaged phones. Phones may only be used if specifically directed.
- **Special items** – Occasionally requested for themed camp days.

⊘ **Please do not bring toys or unnecessary personal items.** CSCGP is not responsible for lost or damaged belongings.

Absences

If your child will be absent, please **email Christina before camp begins** and indicate if the absence is due to illness. If your child is feeling sick (cough, fever, or any contagious symptoms), **please do not bring them to camp**.

Dress Code

- Campers should wear **comfortable shorts and t-shirts**.
 - **Sneakers are encouraged** – No flip-flops or open-toed shoes.
 - **Flip-flops may be brought for water games**, but sneakers should be worn otherwise.
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Sunscreen

Please apply sunscreen **before arriving at camp**. Counselors will remind campers to **reapply after lunch or water activities**.

Morning Check-In & Pick-Up Procedure

- Drop-off begins at **9:30 AM**.
 - A **car line** will form in front of Noogieland.
 - A counselor will meet you for check-in.

 - Camp ends at **3:30 PM**.
 - Parents should **park in the lot and sign their child out**.
 - Only designated individuals may pick up a camper.
 - **Please be on time** and ensure all belongings are taken home—our counselors need time to prepare for the next day!
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Camp Photos & Social Media

CSCGP will take **photos and videos** of campers and counselors throughout camp. These may be used for **CSCGP promotional purposes** on social media or other platforms. Photos will remain the property of CSCGP and will **not** be shared externally or sold for profit.

Questions or Concerns?

Our goal is to ensure **every camper has a fun and positive experience**. If you have any concerns, **please don't hesitate to reach out**—we're here to help!

Christina Wise, 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 _____

Mobile # _____

Parent/Guardian (s) name _____

Mobile # _____

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

Name _____

Relationship _____ Mobile # _____

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 is going to be late, needs 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/highlight all dates you are planning to attend.

Camp is 9:30-3:30

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| 1. Monday, June 16 | 9. Wednesday, July 9 |
| 2. Tuesday, June 17 | 10. Monday, July 14 |
| 3. Wednesday, June 18 | 11. Tuesday, July 15 |
| 4. Monday, June 23 | 12. Wednesday, July 16 |
| 5. Tuesday, June 24 | 13. Monday, July 21 = TEEN CAMP
for kids 13+ |
| 6. Wednesday, June 25 | |
| 7. Monday, July 7 | 14. Tuesday, July 22 = TEEN CAMP
for kids 13+ |
| 8. Tuesday, July 8 | |