



Gretna Glen Camp & Retreat Center  
87 Old Mine Road  
Lebanon, PA 17042  
Phone: 717-273-6525  
Fax: 717-273-6045  
Email: [campcando@gretnaglen.org](mailto:campcando@gretnaglen.org)  
Website: [www.gretnaglen.org](http://www.gretnaglen.org)

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Dear Parent/Guardian:

The Camp Can Do Trustees, Can Do Committee Members and Gretna Glen Camp & Retreat Center are thrilled to offer an exciting camp opportunity from June 13<sup>th</sup>-16<sup>th</sup>. This year we have two ways to register for camp. If you are able, please register online at [gretnaglen.org](http://gretnaglen.org)

This special weekend at Gretna Glen Camp in Lebanon County will serve two purposes. First, the children will have a wonderful time swimming, boating, playing games and doing all of the other things that are part of a camp experience. Second, we know that they will benefit from spending time with other young people who share the experience of having a sibling with cancer.

Bus transportation will again be available from St. Christopher's Hospital in Philadelphia, PA; A.I. DuPont Hospital for Children in Wilmington, DE; and Lehigh Valley Hospital in Lehigh.

Criteria for eligibility to attend:

- Children must be between ages of 8 and 17
- Camper may attend up to 5 years regardless of sibling's treatment status

Please check off the required information below when you return it and return in the self-addressed envelope:

- |   |   |
|---|---|
| <input type="checkbox"/> Application                              | <input type="checkbox"/> Activity Sheet (be sure to rank 4 choices) |
| <input type="checkbox"/> Consent and Authorization (initial each) | <input type="checkbox"/> Camper Agreement (signed by camper/parent) |
| <input type="checkbox"/> Copy of Insurance Cards                  |   |

**Please be sure that the parent/guardian signatures or initials are included.**

If you have any questions or need additional information, please feel free to contact Gretna Glen's Office.

Sincerely,

Camp Can Do Trustees, and Apryl Miller-Gretna Glen Camp Director



## 2015 Camp Can Do Sibling Camper Application June 13-16, 2015

This application must be completed and faxed to (717)273-6045 or mailed to: Gretna Glen Camp & Retreat Center, Attn: Camp Can Do, 87 Old Mine Road, Lebanon, PA 17042 before participants are eligible to attend. **This application MUST be completed by a parent or legal guardian.** **INSURANCE INFORMATION:** Please send a copy of child's health insurance and prescription coverage card(s) with this application.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in school: \_\_\_\_\_

T-Shirt Size (Adult Sizes):  Small  Medium  Large  X-Large  XX-Large

Have you been to Camp Can Do before?  Yes  No If yes, number of times: \_\_\_\_\_

Will your child need bus transportation to and from camp?  Yes  No If yes, please select bus according to your location:  DuPont  St. Christopher's  Lehigh

**SIBLING INFORMATION:** Name of sibling who has/had cancer: \_\_\_\_\_

Diagnosis of sibling who has/had cancer: \_\_\_\_\_ Date of Diagnosis/relapse: \_\_\_\_\_

Current status of siblings treatment: \_\_\_\_\_ Treatment Center: \_\_\_\_\_

### EMERGENCY CONTACT (must be a parent or legal guardian)

Name: \_\_\_\_\_ Daytime phone: (\_\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If above cannot be reached: Name \_\_\_\_\_ Daytime phone: (\_\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### PHYSICIAN INFORMATION:

Name: \_\_\_\_\_ Office phone: (\_\_\_\_\_) \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_ Date of Hepatitis Vaccines: \_\_\_\_\_

### MEDICATIONS:

**It is EXTREMELY important that if camper has any drainage from ears, nose, and mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp.**

List all medications currently being taken by camper. Campers should bring ALL medications (in their original pharmaceutical bottles), to camp with them.

Drug Name & Strength	Dose	Frequency

**INSURANCE INFORMATION:** Please send a copy of child's health insurance and prescription coverage card(s) with this application.

**SPECIAL NEEDS:**

List any allergies to foods or drugs: \_\_\_\_\_

List any medical conditions participant is being treated for (Asthma, ADD, Diabetes, Seizure, etc \_\_\_\_\_

If **female**, has camper begun menstruation?  Yes  No If not, has she been told about menstruation?  Yes  No

List any special dietary restrictions or special food needs: \_\_\_\_\_

Does camper have a problem with any of the following:

- |                        |                              |                             |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Bedwetting             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dressing Self          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nightmares             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Following instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sleepwalking           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Hygiene       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Getting along w/others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other

Problems/Concerns: \_\_\_\_\_

Is there anything else you would like to share with Camp Can Do staff so that they can provide the best possible camp experience for your camper? \_\_\_\_\_

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## CONSENT AGREEMENT, AUTHORIZATION AND RELEASE

This Consent Agreement, Authorization & Release must be read and signed by a parent or legal guardian for the camper to be eligible to attend Camp Can Do. Participants full name: \_\_\_\_\_ (PLEASE PRINT)

\_\_\_\_\_**RELEASE OF LIABILITY (please initial)** The undersigned, parent or legal guardian of the above-named camper, do hereby give (our/my) permission and consent to the participation of the camper in all activities of Camp at Gretna Glen and we do hereby release and discharge the Camp Can Do, Gretna Glen, it's agents, employees and officers and their respective successors, heirs, and assigns from all claims, demands, action, judgments or causes of action of any nature whatsoever, which the undersigned or the camper, now has or may in the future have as a result of any injury of injuries arising out of the participation by the camper in the activities of Camp at Gretna Glen. We understand that certain activities of Camp may be hazardous and except as indicated herein, we know of no reason why the camper should not participate in such activities. We have excused this consent and release with full knowledge of its significance and we understand all of its terms. In witness whereof, intending to be legally bound hereby, we have executed this consent and release this day and year first below written.

\_\_\_\_\_**CONSENT FOR MEDICAL TREATMENT (please initial) Camp Can Do & Gretna Glen is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)** I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation for my child in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I know of no reason(s), other that the information indicated on this form, why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations of my child.

\_\_\_\_\_**PHOTO AND VIDEO CONSENT (please initial)** I consent that photographic and/or video pictures may be taken of my child for the purpose of obtaining publicity for Camp Can Do. I also give consent for my child to be interviewed for television or newspaper while he/she is attending Camp Can Do.

\_\_\_\_\_**CODE OF CONDUCT (please initial)** All campers will follow all the bus rules while en-route to and from camp. Each camper is to take a full and active interest in all parts of the planned program, including attending all activities as scheduled. All campers will be in the assigned cabins at the nightly curfew time specified by the camp director.

Campers will respect the rights and property of other campers and staff. Campers will follow all Gretna Glen camp rules. Campers should refer any problems or concerns they are having to their counselors or another staff member.

\_\_\_\_\_**BUS CODE OF CONDUCT (please initial)** Stay seated at all times; noise level should be such not to distract the driver; there will be no throwing objects or other disruptive behavior and passengers should enter and leave the vehicle under the direction of a staff member and/or driver and use the buddy system if leaving the vehicle.

\_\_\_\_\_**LOSS OF PRIVILEGES AT CAMP OR BE SENT HOME IF (please initial)** deliberate destruction of facilities or equipment; intentionally harming another camper or staff member; possession or use of fireworks, firearms or knives; possession or use of un-prescribed drugs or alcohol; serious or repeated violations of general camp rules or possession of tobacco products.

\_\_\_\_\_**CAMPER CELL PHONE POLICY (please initial and sign)** At camp we discourage the possession and use of cell phones. We believe that it hinders the full camp experience. Due to current times and the growth in technology we realize that not having a cell phone may seem unorthodox. To accommodate this we have decided to allow campers to use their cell phones at a time to be determined and with parents written request. All cell phones will be collected at camper check in and put into a "cell phone bank" which will be kept safe by the director team. I also understand that Camp Can Do rules prohibit the use of cell phones at camp. In case of an emergency it is important to remember to call Gretna Glen at 717-273-6525.

- I wish to send a cell phone to camp with my child to participate in the cell phone bank.
- I do not wish to send a cell phone with my child and my child will not have one at camp.

X \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**NO SUMMER MEDICATION HOLIDAYS (please initial)** Camp Can Do strongly encourages all campers to continue with any behavior changing medications, such as Aderal, Dexedrine, Dextrostate, Concentra, Ritalin, etc. It is important that Camp Can Do maintain a certain structure and regiment, much like the school environment. Therefore, it is essential that your child remain on prescribed medication(s) the entire week of camp. This will help ensure the best camp experience for every camper. Often times, behavior that takes place when children are off of their usual medication can be disruptive to other campers and staff. As a result, your child may run the risk of being sent home in the event of a behavior issue. This is not an option that Camp Can Do wants to exercise.

X

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

\_\_\_\_\_  
Date

# CAMP CAN DO CAMPER CONTRACT

We want Camp Can Do to be as much fun as always. The following rules have been developed to ensure that everyone has a fun and safe camp. We would like campers and their parents to read the following rules and sign below if you understand and agree to follow them. This form **MUST** be signed in order to attend Camp.

**GENERAL CAMP CAN DO AND GREYNA GLEN CAMP RULES WILL BE REVIEWED ON THE FIRST DAY OF CAMP**

- Each Camper will follow all bus rules while riding to and from camp.
- Each Camper is to take a full and active interest in every part of the planned program, including attending all activities as scheduled.
- All campers will be in their assigned cabins by curfew specified by the camp director.
- Campers will respect the rights, property and feelings of others campers and staff.
- Campers will follow all Greytna Glen camp rules.
- Campers should refer any problems or concerns they are having to their counselors, camp director or medical staff.
- Campers will follow camp rules regarding communication devices (phones, cameras, MP3 players/iPods, etc.)
- Campers will follow Camp Can Do rules regarding social networking, Facebook & the internet.

## **BUS RULES**

- ✓ Stay seated at all times
- ✓ Noise level should not distract the driver
- ✓ There will be no throwing objects or disruptive behavior
- ✓ Campers should enter and leave the bus as directed

## **CAMPER MAY LOSE PRIVILEGES OR BE SENT HOME IF THEY ARE INVOLVED IN THE FOLLOWING:**

- ✓ Deliberate destruction of facilities or equipment
- ✓ Intentionally harming another person
- ✓ Possession or use of fireworks, firearms, knives or other weapon
- ✓ Possession or use of drugs or alcohol
- ✓ Serious or repeated violation of general camp rules
- ✓ Possession or use of tobacco products

Camper Signature (**REQUIRED**): I understand and agree to follow the Camp Can Do Camper Contract and am aware that I may lose privileges at camp or be sent home if I do not follow these rules:

Camper Name: (please print) \_\_\_\_\_

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

Parent Signature (**REQUIRED**): I have read and understand the Camp Can Do rules and I am aware that my child may lose privileges at camp or be sent home if rules are not allowed. It is my responsibility to pick up my child should they be sent home because of their behavior.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ACTIVITY SHEET

Please select 4 activities you are interested in and rank them in order by preference. We encourage parents to allow the camper to be part of the activity selections:

\_\_\_\_\_ **Adventure Challenge** – campers of all ages are challenged in this activity, which takes them a step beyond where they thought they could go. A series of obstacles are overcome by climbing, reaching, stretching, and strategizing with teammates.

\_\_\_\_\_ **Archery** – Learn rules of safety and the basic skills of archery. Take the challenge of hitting various targets – even getting a bull’s eye.

\_\_\_\_\_ **Arts & Crafts** – Children of all ages have fun creating crafts, which range from scrap booking, jewelry design, and tie-dye t-shirts to whatever the imagination allows.

\_\_\_\_\_ **Boating & Fishing** – Take your pick – catch the big one or maneuver the lake in a row boat, kayak, or canoe with the assistance and direction of the camp staff.

\_\_\_\_\_ **Digital Photography** – Campers learn the ins and outs of digital photography, including taking pictures of camp activities.

\_\_\_\_\_ **Ga-Ga Ball** – Group ball play inside large octagon arena.

\_\_\_\_\_ **Exploring Nature** – Take a hike through the many trails of Gretna Glen with a nature expert, pointing out the unknown wonders of nature – wild life, plants, trees, etc.

\_\_\_\_\_ **Outdoor Cooking** – In this campfire setting, each chef follows the counselor’s lead in creating traditional dishes, including Texas tommy’s & S’mores, and many other great-tasting foods such as cheese steaks and pizza.