



Camper Application

2015

Dear Parents and Guardians,

Welcome to the 2015 application process for Camp! Camp Soaring Eagle provides a residential camp experience at no charge for children with a serious or chronic illness. Medical care is provided by on-site pediatric doctors and nurses. Please read all the information enclosed as our application has changed.

To attend Camp your child must:

1. Have an illness or medical condition Camp Soaring Eagle is serving during the camper program session.
2. Be age 6 to 15
3. Live in Arizona, Nevada, Utah or New Mexico. Campers from other areas are included when possible.
4. Be unable to attend a traditional non-medical camp.

Healthy meals will be provided. We may not be able to accommodate some dietary concerns or menu preferences. Some specialized diets may need to be provided by the family. Please contact Juan Morales, Executive Director of Camp Operations if there is a specific dietary concern to determine if we are able to meet those needs or if you will need to provide food.

Medical personnel will always be available on site during camper program sessions to provide services and support as needed to ensure a safe camp experience.

Each child must bring all their medications and supplies. If medical equipment is brought for the camper, please bring a surge protector that is clearly labeled with the child's name on it.

Service dogs may be present during camp sessions. Please be aware in the event your child may have a fear of or allergies to dogs.

Sending an application does not guarantee your child will be attending camp. All applications are reviewed by our medical team. Acceptance is based on criteria including the medical needs of your child and our ability to provide safe and appropriate programming for your child.

2015 Camper Weekend Schedule

Date	Session	Theme
April 10 - 12	Siblings - Camper Weekend	Fear Factor
April 24 - 26	Respiratory - Camper Weekend	Secret Agents
May 15 - 17	Oncology - Camper Weekend	Mad Scientist
June 15 - 19	Respiratory - Summer Camp	Superheroes
July 10 - July 14	Retinoblastoma - Family Retreat	Men in Black
July 26 - 30	Oncology - Family Retreat @Briar Patch Inn	Summer Games
September 11 - 13	Youth Diabetes – Camper Weekend	Pirates
September 25 - 27	Respiratory - Camper Weekend	Wizards
October 2 - 4	Teen Diabetes - Camper Weekend	Party Like A Pirate
October 23 - 25	Respiratory - Camper Weekend	Haunted
November 6 - 8	Veteran's Kids - Camper Weekend	Eagle 500



Camper Application

2015

The application must be complete before it can be reviewed. A complete application contains three (3) parts. Please note that incomplete information will delay your application. We appreciate your timely response in obtaining missing information. **Applications for our camp programs are due three (3) weeks prior to the Camper session.**

PART I – General Information: to be completed by Parent or Guardian

- a. General Information: name and contact information
- b. Signed consent for medical treatment
- c. Insurance Information
- d. Photo release and special permissions

PART II – Questionnaire: to be completed by Parent or Guardian

PART III – Medical Information: to be completed by child's Health Care Provider

(Primary Care or Sub-Specialty Physician or Nurse Practitioner)

- a. Medical Form: general medical information, physical exam and medications
- b. Immunization Form
- c. Medical Disease Specific Form
- d. Catheter or Infusion Pump Form: if applicable

We would like to accept every child who applies to Camp, but it is impossible to do so. All applications are medically reviewed. Decisions are made based on the child's inability to attend a traditional camp, the severity of the child's medical need, whether the child has been to Camp Soaring Eagle before. Camp also reserves the right to make selections/decisions based on other factors as deemed appropriate.

If your child is applying to Camp as part of a group, please return the application to your group coordinator; they will be responsible for sending your application to Camp.

Acceptances will be emailed/mailed two (2) weeks prior to the illness specific camper session. If your child is placed on a waiting list, you will be contacted when space becomes available.

Applications may be mailed, faxed or emailed.



Camp Soaring Eagle

595 N. Aspaas Road | Cornville, AZ 86325

Phone: (928) 284-9393 | *Fax: (480) 907-2262

Email: jmorales@campsoaringeagle.org

www.campsoaringeagle.org

Our programs are made possible solely by donations. All donations are welcomed, appreciated, and needed to continue serving families and children.



Camper Application

2015

* Please call Camp office to confirm
fax has been received

Camp Soaring Eagle
595 N. Aspaas Road | Cornville, AZ 86325
Tel: (928) 284-9393 | Fax: (480) 907-2262

Session Request:
(Choice of Session is not guaranteed)

1st Choice: Session _____

2nd Choice: Session _____

PART I – GENERAL INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN

Child's First Name _____ M.I. _____ Last Name _____

Gender _____ Age _____ Birthdate _____ Grade in School _____

Address _____ Apt _____

City _____ State _____ Zip _____

E-Mail Address of Parent/Guardian: _____

Primary Language _____ Does he or she speak English? Yes No

Diagnosis _____

Hospital Affiliation _____ Telephone _____

Social Worker Name _____ Telephone _____

Has Child previously attended Camp Soaring Eagle? No Yes When? _____

How did you hear about Camp? Medical Provider Camp Outreach Website Other _____

How is Child getting to and from Camp? Family Camp Bus Other _____

Name of Parent(s) or Legal Guardian(s)

First and Last Name	Relationship	Legal Custody?	Home Phone	Cell Phone
		Yes No		
		Yes No		
		Yes No		

If Child is in DCF custody or foster care please provide legal documents indicating custodial rights.

Who does the child live with? _____

Name/Phone of person authorized to pick up your child if unavailable _____

Brother(s) and Sister(s) - Ages 6 to 15 only

First and Last Name	Birthdate	Gender	First and Last Name	Birthdate	Gender
		M F			M F
		M F			M F
		M F			M F



Camper Application

2015

REQUIRED: Person to contact in case of Emergency if Parent/Guardian cannot be reached

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

AUTHORIZATION TO PROVIDE MEDICAL, DENTAL AND SURGICAL TREATMENT

Camper Name: _____ Birthdate: _____

I hereby authorize the Executive Director of Camp Operations of Camp Soaring Eagle or such designee or designees as the Executive Director of Camp Operations may appoint, to provide for the giving of emergency medical care or treatment, including medicines, immunizations, x-rays, tests, dental and minor surgical treatment, hospitalization, general anesthesia or other medical treatment as may be appropriate while the child is in the care of Camp Soaring Eagle. Notification of the parent will always be attempted prior to treatment.

I understand that information pertaining to my child may be shared with/released to appropriate personnel for the purpose of treating and/or supervising my child (including, but not limited to camp staff, referral centers and/or insurance companies). I further agree that this authorization includes the administration of all prescribed medications, over the counter medications and treatments previously listed in this application and shall be effective until revoked.



Print Parent Name

Signature of Parent/Guardian *(signature is mandatory)*

Date: _____ Relationship to Child: _____

INSURANCE INFORMATION

(To be used for special tests, x-rays or medical consultations)

Please complete and attach a copy of child's insurance card

Primary Insurance: Name of parent who insures child _____

Name of Insurance Company _____

Policy Number or CIN# _____

Medicaid Number (if applicable) _____ Prescription Plan (Co, ID#) _____

Address _____

Phone Number _____

If group insurance, specify company _____

Secondary Insurance: Name of parent who insures child _____

Name of Insurance Company _____

Policy Number or CIN# _____

Medicaid Number (if applicable) _____ Prescription Plan (Co, ID#) _____

Address _____

Phone Number _____

If group insurance, specify company _____



Camper Application

2015

PHOTO RELEASE PERMISSION

I do give Camp Soaring Eagle permission to photograph and use pictures of _____
Name of camper

The philosophy of Camp Soaring Eagle is to photograph children infrequently. With this permission, camper photographs may be included in a bulletin board, newsletter, video, social media, internet or camp album. Camp respects the privacy of its campers and does not allow unauthorized visitors to photograph the camp or campers.



Signature of Parent/or Guardian

Date

Unit pictures may be taken and distributed to each child. If you wish your child to participate and receive a photograph please initial here _____

MEDIA REQUESTS

Would you be willing to participate in media interviews for print? Yes No

Would you be willing to participate in TV or radio media opportunities? Yes No

How did you hear about Camp Soaring Eagle? _____

How many times has your child participated in a Camp Soaring Eagle events: _____

Please list the specific camps/events if possible? _____

Are you willing to share the following information with media?

Name		Age		Illness	
Yes	No	Yes	No	Yes	No

What is the best way to reach you for media requests?

Phone _____ Email _____

Other _____



Camper Application

2015

Release and Waiver of Liability and Indemnity Agreement

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

IN CONSIDERATION OF THE VOLUNTARY USE OF THE FACILITIES AND PARTICIPATION IN THE PROGRAMS OF CAMP SOARING EAGLE, I HEREBY AGREE ON MY BEHALF AND ON BEHALF OF MY CHILD AND EACH OF THE RELEASING PARTIES TO THE FOLLOWING:

1. I hereby release, waive, discharge and covenant not to sue Camp Soaring Eagle, its directors, officers, representatives, employees, volunteers, doctors, nurses, and related medical staff, independent contractors and agents (collectively, the "Released Party") for from and all liability to me, my child and children, my personal representatives, assigns, heirs, and next of kin ("Releasing Parties") for any and all claims for loss or damages for death, personal injury, property damage or any other harm, damage, loss or claim of any nature whatsoever including, without limitation, any such claim, damage, loss or expense that is attributable to bodily injury, sickness, disease or death, or to damage, loss or destruction of personal property, whether known or unknown, existing or contingent, arising out of or resulting from, in whole or in part, any act, omission or negligence of the Released Party, or in any way related to the Releasing Parties' entrance onto, access to, or use of the Camp Soaring Eagle facilities or premises ("Claims") which may accrue to or on behalf of me or my child or any other Releasing Party, as a result of or related to participation in any program, activity, travel or outing coordinated or organized by or affiliated with the Camp Soaring Eagle or the presence in any Camp Soaring Eagle facility or facility used by Camp Soaring Eagle.
2. I understand that accidents, health related incidents and personal injuries or property damage can arise out of my child's presence at any Camp Soaring Eagle facility and/or participation in programs, activities, travel and outings of Camp Soaring Eagle, and knowing those risks exist, nevertheless, I hereby agree to assume those risks and agree to release, indemnify, defend and to hold harmless the Released Party for, from and against any Claims whether through negligence, carelessness or otherwise.
3. I expressly agree that the foregoing releases, waivers, and indemnities contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Arizona and that if any portion thereof are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I hereby acknowledge, agree, and represent that I have, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program, and that such entry into Camp Soaring Eagle for observation or use of any facilities or equipment or participation in any affiliated program or activity constitutes an acknowledgment by me that such premises and all facilities and equipment thereon and such affiliated program and activities have been inspected and carefully considered and that I find and accept the same as being safe and reasonably suited for the purpose of such observation, use, activity or participation.

I have read and voluntarily sign this Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement has been made.

I HAVE READ THIS RELEASE AND EXECUTE ON BEHALF OF MYSELF, MY CHILD AND THE RELEASING PARTIES:



Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Name of Child

Emergency Phone Number

Name of parents employer and phone number

Name: _____

Phone: _____

Name: _____

Phone: _____

Why am I being asked this information, some employers have programs where they allow their employees to volunteer at non-profit organizations and the employers in turn donate us funds to continue our programs and the employer benefits by having their employees participate in the community.



Camper Application

2015

PART II - QUESTIONNAIRE - PAGE 1 OF 3 TO BE COMPLETED BY PARENT OR GUARDIAN

Camper Name _____ Birthdate _____

The following information is very important to your child's success at Camp. Please attach additional pages if necessary. The more information we have the better prepared we will be for your child.

Name of person completing this form

Relationship to child

Is there another professional we can contact concerning your child? Please complete contact information here:

Name _____ Email _____

Address _____ Phone _____

I give permission for Camp Soaring Eagle to speak to the above named professional solely for the purpose of gathering information regarding eligibility for Camp and to plan for my child's success at Camp.

Signature of Parent or Guardian

Print Name Here

Date

Does your child understand and follow simple directions? Yes No If No, Please explain:

Does your child use words to express needs and feelings? Yes No If No, Please explain:

Does your child have language difficulties or problems? Yes No If Yes, Please explain:

What grade is your child in? _____ Has your child repeated a grade? Yes No If yes, which grade? _____

Does your child receive special help in school? Yes No If Yes, Please explain:

Have there been any stressful life events in the past year? Yes No If Yes, Please explain:



Camper Application

2015

PART II - QUESTIONNAIRE - PAGE 2 OF 3 TO BE COMPLETED BY PARENT OR GUARDIAN

Camper Name _____ Birthdate _____

How does your child get along with other children? (Taking turns, group activities, disputes) _____

What, if any, concerns do you or others that care for your child have about his/her behavior? _____

Has your child successfully slept away from home before? Yes No _____

Tell us about your child's bedtime routine. (How do you put them to bed?) _____

Does your child have specific fears, anxieties or worries? Yes No If Yes, what are they? _____

While at Camp, how can we help make your child feel secure and comfortable? _____

What are your child's strengths? _____

Is there anything special that your child may want to do at Camp? _____

Anything he or she will not want to do? _____

Which are your child's favorite foods: _____

What are your child's favorite activities: _____



Camper Application

2015

PART II - QUESTIONNAIRE - PAGE 3 OF 3 TO BE COMPLETED BY PARENT OR GUARDIAN

Camper Name _____ Birthdate _____

Does your child receive home healthcare services and/or supplies? Yes No

If Yes, Name of Company: _____

Contact Person: _____ Phone: _____

Does your child have any disabilities or limitations that may affect any camp activity? Yes No

If Yes, Please explain: _____

In the last 12 months has your child taken medication for behavioral or mental health concerns? Yes No

If Yes, please explain: _____

Is there anything important to you or your child you would want us to know about? _____

LEVEL OF ASSISTANCE FOR YOUR CHILD

PLEASE CHECK (v) APPROPRIATE COLUMN(S)	Independent	Some Help	Almost Total Help	Total Help
Daily Care (brushing teeth, combing hair, dressing)				
Meals				
Bathing/ Showering				
Toileting/ Bathroom				



Camper Application

2015

APPLICATION CHECKLIST

PART I - General Information

To be completed by Parent or Guardian

General Information: name and contact information

Signed consent for medical treatment

Insurance Information

Photo release and special permissions

PART II - Questionnaire - 3 Pages

To be completed by Parent or Guardian

Click SUBMIT to email this document now.

This portion of the Camper Application may be mailed, faxed or emailed.

* Please call the Camp Admissions office to confirm fax has been received

PART III - Medical Information

This portion of the application must be completed by your child's Health Care Provider (Primary Care or Sub-Specialty Physician or Nurse Practitioner). This is a separate document that may be emailed to your child's Health Care Provider for them to complete electronically or it may be printed and taken in person to your child's Health Care Provider. *See email for attachment.*

- 1) Medical Form: general medical information, physical exam and medications
- 2) Immunization Form
- 3) Medical Disease Specific Form
- 4) Catheter or Infusion Pump Form: if applicable

Your child's Health Care Provider may submit this form electronically to Camp Soaring Eagle on your behalf or you may fax or mail this form to the Camp Soaring Eagle admissions office.



Camp Soaring Eagle

595 N. Aspaas Road | Cornville, AZ 86325

Phone: (928) 284-9393 | *Fax: (480) 907-2262

Email: jmorales@campsoaringeagle.org

www.campsoaringeagle.org