Orange County Foundation for Oncology Children and Families
World's Greatest Camp

Sending in a camp application means, all of the names listed on your application are placed on the camp roster, as space allows. Food and lodgings are paid for, shirts are ordered and paid for, crafts are purchased, and the OCF Camp Counselors and Board Members prepare for your family.

WHEN: June 2-4, 2017 (from 8 a.m. Friday until 5 p.m. Sunday)
WHERE: YMCA Camp Oakes, Big Bear, California
COST: FREE!
DEADLINE: May 23, 2017

The Orange County Foundation for Oncology Children and Families (OCF-OCF) invites your family to attend our weekend Family Camp. It is located near Big Bear, in the San Bernardino Mountains. The World's Greatest Camp is open to all pediatric oncology patients and immediate family only (siblings, parents and/or guardians) Only two adults per family may attend!

Because of generous funding from public and private donations, as well as our own fundraising efforts, The World's Greatest Camp is FREE OF CHARGE!

The World's Greatest Camp offers a wide variety of activities including swimming, archery, adventure courses, crafts, hiking, nature studies, sports, and much, much more! The World's Greatest Camp is a process, not an event. It begins Friday morning and ends Sunday afternoon, and it is important that campers attend the entire weekend. PRIORITY IS GIVEN TO CHILDREN CURRENTLY ON TREATMENT and FAMILIES WHO ATTEND THE ENTIRE WEEKEND!

Because this is a family camp, parents/guardians are responsible for the routine medical and personal needs of their children.

If you have questions or concerns regarding the World's Greatest Camp or this application, please call: 949-855-1972 or e-mail activities@ocf-ocf.org

- Space is limited; therefore, apply as soon as possible.
- BE SURE TO INCLUDE: APPLICATION (include all forms), SHIRT REQUEST, TRANSPORTATION & SLEEPING FORM
- MAKE SURE YOUR APPLICATION IS COMPLETELY FILLED OUT.
- MISSING INFORMATION and/or SIGNATURES WILL PLACE YOUR FAMILY ON A WAIT LIST.
- After completing the entire application (most recent blood counts for patients may be brought the morning of camp if they are not current at time of mailing) mail to:

OCF-OCF
c/o Brenda Hohnstein
1097 S. Positano Avenue
Anaheim, CA 92808

YOUR CONFIRMATION LETTER WILL INCLUDE A LIST OF WHAT TO PACK.

DEADLINE: May 23, 2017 DEADLINE: May 23, 2017

orange county foundation for oncology children and families, inc. **MUST BE RECEIVED BY: May 23, 2017**

World's Greatest Camp Application ***Please complete EVERYTHING***

Family Last Name _____ **How many** will be coming to camp?_____
Street _____Family E-mail _____
City_____State_____Zip_____Phone (_____) _____
Parent(s)/Guardian(s) living at above address (full names please)
_____ Cell Ph. (_____) _____
Please list name, sex, and birthdates of **all immediate family members ATTENDING camp Patient, siblings, and parents only!!**

Patient:_____M__F__DOB_____Name_____M__F__ DOB _____

Name_____M__F__DOB_____Name_____M__F__ DOB _____

Name_____M__F__DOB_____Name_____M__F__ DOB _____

Name_____M__F__DOB_____Name_____M__F__ DOB _____

Person to contact in case of emergency _____ Home Phone (_____) _____
Relationship to child _____ Business Phone (_____) _____

IMPORTANT CAMPER INFORMATION:
Has your family attended a World's Greatest Camp? _____
Describe any unusual bedtime & sleep habits your children may have (bedwetting, sleepwalking...)_____
_____
Describe any physical handicaps and special needs in your family_____
_____
Does anyone use any special equipment such as a walker, crutches, wheelchair, or prosthesis? _____
Describe_____
Is there anything we should know that would make your family's camp experience more enjoyable?
_____

Additional information counselor needs to know_____

PATIENT/CAMPER MEDICAL INFORMATION **You must fill out a separate permission form for each sibling attending camp. Look at the next page of this application**

Patient / Camper's name: _____Date of Birth_____ Allergies_____
Medical diagnosis_____Date diagnosed_____
Date of last therapy_____
List current medications your child is taking at home _____
_____
Does child have a central catheter (broviac)? Yes ____No ____
Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ____No ____
List any over-the-counter drug exceptions to this permission (if any):_____
Do we have permission to apply sunscreen on your child? Yes ____No ____
Notes
*The children get sunburned easily.
*Parents are responsible for supplying sunscreen for their own children.
Dietary restrictions and/or special diet_____
Most recent blood count (must be taken within four weeks of camp if patient is currently on treatment)
Date_____H/H_____WBC_____
Diff_____Platelets_____
Physician_____Hospital_____Phone (____)_____
(*We must have your doctor's name, hospital, and phone number on this application!)*

It is expected that **all children** (age 4 and up) will be traveling by bus to camp, unless otherwise noted on the transportation sheet. ***Bus transportation is provided for campers & counselors only. Transportation for parents/guardians is not provided.*** We suggest parents contact other families to arrange carpools or rides if needed.Parents should not arrive early to camp. Camp is not expecting our arrival until after 12pm on Friday.

PLEASE NOTE:

If anyone on this application requires a vegetarian diet, list names here_____
If anyone on this application is unable to swim, list names here_____
If you (Parents) are *not* planning on sleeping in a camp bed, please indicate here, and who _____

FOR THIS APPLICATION TO BE COMPLETE, THIS ENTIRE APPLICATION MUST BE FILLED OUT & SIGNED!!
Mail completed form to: OCFOCF c/o Brenda Hohnstein, 1097 S. Positano Ave., Anaheim, CA 92808

SIBLING CAMPER MEDICAL INFORMATION AND MEDICAL PERMISSION***one must be filled out for each camper**

Sibling Camper's name: _____Date of Birth_____ Allergies_____

Medical diagnosis (if this applies)_____ Date diagnosed_____

List current medications your child will be taking at camp: _____
_____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ____No ____

List any over-the-counter drug exceptions to this permission (if any):_____
Notes
*The children get sunburned easily.
*Parents are responsible for supplying sunscreen for their own children.
Do we have permission to apply sunscreen on your child? Yes ____No ____

SIBLING CAMPER MEDICAL INFORMATION AND MEDICAL PERMISSION***one must be filled out for each camper**

Sibling Camper's name: _____Date of Birth_____ Allergies_____

Medical diagnosis (if this applies)_____ Date diagnosed_____

List current medications your child will be taking at camp: _____
_____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ____No ____

List any over-the-counter drug exceptions to this permission (if any):_____
Notes
*The children get sunburned easily.
*Parents are responsible for supplying sunscreen for their own children.
Do we have permission to apply sunscreen on your child? Yes ____No ____

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Sibling Camper's name: _____Date of Birth_____ Allergies_____

Medical diagnosis (if this applies)_____ Date diagnosed_____

List current medications your child will be taking at camp: _____
_____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ____No ____

List any over-the-counter drug exceptions to this permission (if any):_____
Notes
*The children get sunburned easily.
*Parents are responsible for supplying sunscreen.
Do we have permission to apply sunscreen on your child? Yes ____No ____

***** You must fill out a separate permission form for each camper. Please make additional copies if you need them.**

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Conditions of Enrollment

The following conditions and agreements must be signed by the parent or legal guardian of the aforementioned minors. Your signature below indicates the following:

1. The Orange County Foundation for Oncology Children and Families (OCFOCF) and Camp Oakes have absolute permission to use the image of any person listed on your camp application in print and/or film for any lawful purpose whatsoever.

2. **OCFOCF and Camp Oakes accept no responsibility for the loss, damage, or theft of your property.**

3. **OCFOCF's and Camp Oakes' health and accident insurance program presents secondary coverage for campers. Any and all claims for health and accident insurance must be submitted to the family's insurance company.**

4. **If you have health and accident insurance, please list here:**
   Name of Insurance Company _____

   Policy Number_____ Certificate Number_____

   CCS Number_____ Medical Number_____

5. For those parents or guardians who do not accompany their child(ren) to camp, both parents or guardians must leave your place of residence during the camp session, you will advise the Camp (909/585-2020), as to where you can be contacted in case of an emergency. YOU MUST BE AVAILABLE TO COME TO CAMP OR TO PICK UP YOUR CHILD IN CASE OF EMERGENCY.

6. You acknowledge that the bus transportation to and from Camp Oakes, as well as certain activities listed in the World's Greatest Camp information sheet, have a risk of injury. You assume full responsibility for the safety of all persons listed on your application. You agree to release and indemnify OCFOCF, Camp Oakes, and all their agents, representatives, and/or employees (paid or volunteer), from any claims, costs, expenses, and/or damages sustained by any person listed on your application, or which occur during bus transportation to and from Camp Oakes, by joining such activities--unless restrictions for such activities are noted by you.

7. **All information listed on this application is correct as far as I know, and the child(ren) herein described have permission to engage in all prescribed activities, except as noted by me.**

8. Due to the uniqueness of this camp, it is understood that the parent(s)/guardian(s) in attendance are fully responsible for the routine medical and personal needs of their child(ren).

9. OCFOCF understands that special bonds form at camp, and that there are times when our campers get together with other campers and/or OCFOCF staff outside of official OCFOCF events. I acknowledge that any contact arranged between members of my family and OCFOCF's staff, volunteers, counselors or agents, outside of official OCFOCF activities, is considered voluntary and is the responsibility of the undersigned as parents/guardians.

10. ***I understand and will cooperate with the camp agreements listed below, especially #4.***

11. **Parents must complete and sign this form for child(ren) to attend camp.**

Parent/Guardian Signature_____**Parent/Guardian Name**_____

Date_____ **Relationship to Patient** _____**Patient's Name**_____

Please read the following camp agreements:

1. Camp is for patients, siblings, and 2 Adult Family members; parents and/or grandparents. Do not invite friends and neighbors to camp.

2. Our counselors are unavailable to babysit. If your child is not at least four years old, you will be expected to keep your child with you in the adult cabins. Children ages 4 & up will be placed into cabins. We are fortunate to have volunteers who will assist with childcare during *some* scheduled activities.

3. ***ABSOLUTELY NO ALCOHOLIC BEVERAGES OR ILLEGAL DRUGS ARE ALLOWED AT CAMP.*** At this time, smoking is only permitted on the concrete patios outside of the dining hall. Also, knives, firearms, and radios are not permitted at camp.

4. ***No pets are allowed at camp. Please make arrangements to leave your animals at home.***

5. OCFOCF does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression or identity, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

6. The World's Greatest Camp is a process, not an event & we pay camp for the entire weekend. It begins Friday morning and ends Sunday afternoon. We assume that everyone is staying for the ENTIRE weekend.
   Any exceptions must be noted here:

7. If you leave camp, or do not accompany your child(ren) to camp, you MUST fill out a written release form for one adult to be responsible for your child(ren). It must be signed by both parties, and must be given to the camp director.

Mail completed application to: OCFOCF c/o Brenda Hohnstein, 1097 S. Positano Ave., Anaheim, CA 92808

SHIRTS, TRANSPORTATION, AND SLEEPING ARRANGEMENTS

Please print clearly and mail this with your application.

SHIRTS: **Circle only one size** per person please.

We will make every effort to provide the exact size requested. Thanks!

Adult	SM MED LG XL XXL XXXL	Adult	SM MED LG XL XXL XXXL
Child name	2T 4T YS YM YL SM MED LG XL XXL	Child name	2T 4T YS YM YL SM MED LG XL XXL
Child name	2T 4T YS YM YL SM MED LG XL XXL	Child name	2T 4T YS YM YL SM MED LG XL XXL
Child name	2T 4T YS YM YL SM MED LG XL XXL	Child name	2T 4T YS YM YL SM MED LG XL XXL
Child name	2T 4T YS YM YL SM MED LG XL XXL	Child name	2T 4T YS YM YL SM MED LG XL XXL

GETTING TO AND FROM CAMP

Bus transportation is provided for campers & counselors only. Transportation for parents/guardians ***is not*** provided. We suggest parents contact other families to arrange carpools or rides if needed.

All children 4-years and older are expected to ride the bus. In order to assure everyone a comfortable trip to camp, we need to know which children will be riding the bus each way.

Please list the names of your children below, check the appropriate day they'll be on the bus, and enclose this with your camp application.

Child's NAME_____ FRIDAY _____SUNDAY_____

Child's NAME_____ FRIDAY _____SUNDAY_____

Child's NAME_____ FRIDAY _____SUNDAY_____

Child's NAME_____ FRIDAY _____SUNDAY_____

Child's NAME_____ FRIDAY _____SUNDAY_____

Child's NAME_____ FRIDAY _____SUNDAY_____

ADULT SLEEPING ARRANGEMENTS

Often, parents choose to sleep in their car or pitch a tent rather than bunk in a cabin. Enough enclosed cabin sleeping space for adults is always a concern & we always need to know where to find a child's parent(s), so we need to know where you plan to sleep to plan accordingly. If you plan to sleep in the adult cabins, just put "Cabin;" otherwise put "car," "tent" or wherever else you plan to sleep. If you don't know yet, just put "Don't know yet" - that's ok.

DAD _____

MOM_____

Before mailing this, please Check: 1. Is your application completely filled out? 2. Is everyone who is coming to camp properly listed? 3. Is your insurance information correct? 4. Do we have names and sizes on the shirt order form?

Now get ready — the "World's Greatest Camp" is just around the corner!

FOLD THIS PAGE & YOUR APPLICATION PAGE, IN THIRDS, SO THAT THE ADDRESS BELOW IS OUT FOR MAILING!

Place Stamp Here

OCF OCF
c/o Brenda Hohnstein
1097 S. Positano
Anaheim, CA 92808