

Please note:

You must make duplicates of this pack of forms if you would like to send more than one child to camp.

We need a separate application for each child attending.

All questions on these forms must be filled out in order for your child to attend camp. **Please don't leave any questions blank.** If a question does not apply, please write "n/a".

Thanks,

Kids Konnected



"Providing Hope to
Children dealing with their
parent's cancer"
Since 1993

Dear Kids Connected Campers and Parents,

Kids Connected is excited to announce that this year's 2009 Kids Connected Junior Camp for kids ages 7 to 13 will be held at a new location- Celebrity Ranch in the beautiful wine country of Temecula, California. Celebrity Ranch is a real working ranch with many different types miniature, large, rare, and exotic animals. Kids will learn about animals, ranching and get a chance to meet other kids who are living with a parent with cancer or dealing with the death of a parent.

Many of our campers are first time campers, so we bring up lots of people from Kids Connected to be counselors and help our kids feel comfortable and safe at camp. We hope you decide to join us! ☺

Camp Dates: June 26th – June 28th
The Bus leaves promptly at 2:00pm on the 26th
And returns at 2:00pm on the 28th.

The bus will be departing from and returning to our *NEW* corporate office located at **26071 Merit Circle., Suite 103, Laguna Hills, California 92653** (our new office is located north of our old office off of Cabot Rd.). **It is important that you drop off your child no later than 1:30pm** on the 26th. The bus will promptly leave at 2:00pm. Please pack your child some snacks for the bus trip up to Temecula.

Kids Connected is thrilled to announce this year's camp is FREE OF CHARGE! Kids Connected has received enough donations and generous support that any child who wants to go camp can- until all spots are filled! We expect this year's camp to fill especially fast. Please register your child early. We take registrations on a first come first serve basis.

Out of town campers must arrive on June 25th. **Please schedule your child's departing flight on the 28th at 6:00pm or later.** Your child must fly in and out of the John Wayne Airport in Santa Ana, California. We will assign a host family for each out of town camper and give you all the necessary contact information prior to your arrival. Please provide us with a copy of your child's flight itinerary when you turn in your camp paperwork.

Enclosed you will find the following information sheets and camp forms:

1. Kids Connected Waiver and Consent Form
2. Medical Information and Medication Permission Form
3. Kids Connected Camp Questionnaire Form (2 pages). **Entire form must be completed by the camper.**
4. Paperwork Checklist
5. Suggested Camp Packing List

Forms must be completely filled out in order to have a space at camp reserved for your child. All forms are due no later than **Friday, May 29, 2009**. Forms can be mailed, faxed to (949) 582-3989 or e-mailed to camp@kidsconnected.org.

Please feel free to contact us if you have any questions or concerns. Once we are at camp, we do discourage phone calls, but in case of any emergency parents can call Dave's cell phone (714) 642-6188 or my cell phone (714) 417-1171. We look forward to seeing you in June!

Sincerely,

Lynnette Wilhardt, LCSW
Program Manager

MEDIA CONSENT:

I, _____, give Kids Konneted my permission to use the name and photo of my child(ren) for the purpose of any media publication (newspaper, magazines, television, website) in conjunction with any Kids Konneted program.

Children's names: _____

Parent/Guardian Signature X _____ Date _____

Please attach a copy of your child's HEALTH INSURANCE CARD to this form

KIDS KONNECTED WAIVER AND CONSENT:

In consideration for being permitted by Kids Konneted to participate in activities and programs in which Kids Konneted is involved, I do hereby waive, release and discharge any and all rights and claims for damages for personal injury, death or property damage which I may have or which may hereafter occur to me as a result of participation in said activities. This release is intended to discharge in advance Kids Konneted, it's officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in said activities even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element or risk of danger and I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, executors and administrators. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, damage, cost or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activities.

PARENT OR GUARDIAN CONSENT:

I hereby consent that my son/daughter, _____, participate in Kids Konneted activities, and hereby execute the above agreement, waiver and release on his/her behalf. I state that the said minor is physically able to participate in all activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of death or any injury or property damage that said minor may sustain while participating in said activities. I further authorize any medical treatment, including hospital treatment, in the event of an injury or sudden illness when I am not available and treatment is required.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY IS A CONTRACT BETWEEN MYSELF AND KIDS KONNECTED AND SIGN IT OF MY FREE WILL. I HAVE RECEIVED A COPY OF THE EXECUTED AGREEMENT.

Child's name: _____ Date of Birth: ____/____/____

Parent/Guardian Signature: _____ Home Phone: (____)____-_____

Parent(s)/Guardian(s) Name: _____

Work Phone: (____)____-_____ Mom's Dad's Other _____

Cell Phone: (____)____-_____ Mom's Dad's Other _____

E-mail Address: _____@_____

(Please be sure to include your email address. We will use your email address to verify whether or not your camp application has been accepted and to send you important camp updates.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Medical Information and Medication Permission Form

NAME OF CAMPER

Date of Birth	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Is your child currently taking ANY medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DAILY MEDICATIONS

Please be as specific as possible to ensure proper administration of medications.
Use other side of this form if further explanation is necessary.

MEDICATION NAME	PURPOSE	DOSE	Frequency- Please check box(es)				
-----------------	---------	------	---------------------------------	--	--	--	--

			Break- fast	Lunch	Dinner	Night	Other (explain)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

As Needed Medications

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All medications are to be turned into and dispensed by the Camp Health Coordinator.

Does your child suffer from allergies? YES NO If YES, what is your child allergic to? _____

What current or past medical or psychological conditions does your child suffer from?

I grant permission to the Kids Connected Health Coordinator to administer the above listed medications to my child.

X Signature of Parent/Guardian

Phone Number

Alternate Emergency Contact: _____ Relationship to your child: _____

Phone Number(s): _____

***** ATTENTION PARENTS!:** Please have your child fill out this questionnaire by hand.

KIDS KONNECTED CAMP QUESTIONNAIRE

**HEY KIDS!!! HELP OUR COUNSELORS GET TO KNOW YOU A LITTLE BY FILLING OUT OUR QUESTIONNAIRE.
(PLEASE HAVE CAMPER FILL OUT BY HAND)**

CAMPER'S NAME: _____ AGE: _____

WHICH PARENT HAD OR HAS CANCER? Mom Dad

WHAT KIND OF CANCER: _____

IF YOUR PARENT HAS DIED, WHEN DID HE OR SHE DIE? _____

IN WHICH CITY DO YOU ATTEND KIDS KONNECTED SUPPORT GROUPS?

TELL US SOMETHING THAT YOU WOULD LIKE US TO KNOW ABOUT YOU:

WHAT ARE YOUR INTERESTS AND HOBBIES?

HOW WOULD YOU BEST DESCRIBE YOURSELF? YOU CAN CHOOSE MORE THAN ONE.

1. I'M A HAPPY KID
2. I'M A SILLY KID
3. I'M A SERIOUS KID
4. I'M AN ANGRY KID
5. I'M A SAD KID
6. I'M A SCARED KID
7. I'M A WORRIED KID



Junior Camp Paperwork Checklist

All of the following must be included in order for your child to attend camp.
If there is any paperwork missing, your child will be ineligible for camp.

- Kids Konnected Waiver and Consent Form (1 page)
- Copy of Health Insurance Card
- Medical Information Form (1 page)
- Camp Questionnaire (1 page)- completed by your child. Camp application will be rejected if this form is not in your child's handwriting.
- Copy of flight itinerary if your child is arriving from out of town

Materials can be sent by

1. email:
camp@kidskonnected.org
2. FAX:
(949) 582-3989
3. OR Standard Mail:
Kids Konnected
Attn: Junior Camp
26071 Merit Circle., Suite 103
Laguna Hills, CA, 92653

Please call us at (949) 582-5443 or email camp@kidskonnected.org if you have any questions.

Kids Konnected Junior Camp Suggested Packing List

Camp is a very dusty, dirty place. Please do not pack your “good” clothes. You will be doing many fun, rugged activities that will require you to get down and dirty.

Cell Phones are NOT allowed at camp. Frequent calls home only makes it more difficult to adjust. In the event of an emergency please call Lynnette at (714) 417-1171 or Dave (714) 642-6188.

PLEASE BRING:

- 1 pair of swim trunks or a bathing suit
- 1 bath towel and 1 swimming towel
- 2 pairs of jeans or long pants (Mandatory)
- 4 t-shirts or tank tops (no spaghetti straps or bare mid-riffs)
- 4 pairs of shorts
- 1 warm jacket or sweatshirt (Mandatory)
- 1 hooded jacket or sweatshirt (in case it rains)
- 1 pair of tennis shoes or hiking boots
- 1 pair of sandals or flip flops **no platforms** (These will only be used in the cabin or to
- and from the pool, they will not be allowed to and from other activities)
- 3 pairs of underwear and socks
- Toiletries (soap, shampoo, toothbrush, toothpaste, hair brush, etc.)
- Sunscreen
- Sleeping bag and pillow

