



APPLICATION YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

SUMMER OF 2012 THEME: SURVIVOR WEEK JUNE 17th – 22nd

Dear Campers and Parents,

Bronson Methodist Hospital, Spectrum Health Regional Burn Center and the University of Michigan Trauma Burn Center would like to invite you to Kids Burn Camp (KBC). KBC is located at YMCA Camp Manitou-Lin in Middleville, Michigan. Join us, for an exciting week of swimming, horseback riding, rock climbing, and just plain fun! Here at Kids Burn Camp, we truly believe there is no substitute for the camping experience, for the life skills we instill, the character values we develop and for the meaningful friendships that we build. We recognize how important it is to provide a fun and educational summer opportunity for your child. In order to succeed, we need your help and cooperation with the guidelines on the following pages. This packet contains important information to help you and your camper to prepare for camp and to best meet the physical intellectual and emotional needs of your child. Please read all information carefully. Upon registration, a confirmation packet will be sent to your home with more detailed information about transportation and other special events.

Registration deadline is May 1, 2012

To reserve your spot, fill out the enclosed application completely and return in the self addressed stamped envelope. Please note that campers cannot be admitted without a completed Summer 2012 application packet.

RESERVATIONS ARE FIRST-COME-FIRST-SERVE!

All expenses are paid by the generosity of donors who want you to have the opportunity to enjoy meeting new friends who are survivors just like you. Kids from other burn centers throughout Michigan will be there to share great times and create lasting memories.

Again, thank you for choosing to share your child with us this summer. As a well-trained volunteer and staff team, we are committed to providing your camper the best possible experience. Visit YMCA Camp Manitou-Lin at www.qrymca.org/camp to learn more. We look forward to a wonderful week of summer fun!

Best Wishes,
The Kids Burn Camp Committee

YMCA Camp Manitou-Lin

1095 N. Briggs Road, Middleville, MI 49333
Phone: 1-888-909-2267/fax: 269-795-1629
Karin Denman
Email: kdenman@qrymca.org

Bronson Methodist Hospital

601 John St, Box 67, Kalamazoo, MI 49007
Phone: 1-269-341-8587/fax: 269-552-5866

Spectrum Health Regional Burn Center

100 Michigan NE, Grand Rapids, MI 49503
Phone: 1-616-267-0104/fax: 616-267-1345
Kimberly Peters
Email: kimberly.peters@helendevoschildrens.org

The University of Michigan Trauma Burn Center

1500 East Medical Center Dr. Room 1C421UH
Ann Arbor, MI 48109
Phone: 1-734-936-2661/fax: 734-232-3833
Kristy Brown
Email: kribro@umich.edu

CONFIDENTIAL HEALTH RELEASE FORM

Last KBC session attended: (check one) NEW SUMMER WINTER Year: _____

Shirt Size: (Adult Size, Check One)

Email Address: _____ SMALL MEDIUM LARGE XLARGE 2XL

We ask that you give us some rather detailed information that will help our staff to best provide programs and supervision for your child. The information will be reviewed and passed on to your child's counselor. You know your camper best and your answers will help us provide the best possible experience. The intent of this information is also to provide camp health care personnel the background to provide appropriate care. Please provide complete information so that we can be aware of your needs.

Camper's Last Name: _____ First Name: _____ Sex: _____ Age: _____

Camper's Nick Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian(a) Name: _____ Phone: _____

Place of Employment(s): _____

Parent/Guardian Email: _____ Camper E-Mail: _____

OPTIONAL INFORMATION:

Child lives with: Both Parents Mother Father Other _____

Has your camper experienced any recent life changes that may affect his/her time at camp? _____

Check each word that describes your camper with children their own age:

Shy Friendly Quiet Outgoing Leader Follower

Does your camper make friends: Easily Fairly easily With difficulty

Does your camper express feelings: Easily Fairly easily With difficulty

Does your camper have any special needs? _____

Child is looking forward to camp with: Enthusiasm Acceptance Caution Anxiety

Has your child been away from home before? Yes No

If so, Where? _____ How Long _____

What fears does your camper have? _____

Is your camper: A slow dresser A slow eater Afraid of water, darkness, etc?

Is your camper subject to: Bed wetting Sleepwalking Constipation Nightmares Fainting Tiring easily

Fainting Asthma Nervousness Other: please explain: _____

What do you consider your camper's strengths and weaknesses: _____

What do you hope your camper gains from their experience? _____

What other information might help the counselor better understand your child? _____

Campers Name _____ Camper's Age: _____

Any specific activities to be encouraged or limited by physician's advice:

Dietary restrictions/concerns: Does not eat red meat Does not eat poultry Does not eat pork
 Does not eat eggs Does not eat dairy
 Picky eater Other: _____

Allergic to or have strong dislikes for certain foods: _____

Camper's ethnic/ racial background: (Optional) White African American Hispanic or Latino Asian/Pacific Island
 Native American Multi-racial Other _____

EMERGENCY CONTACT INFORMATION including Parent/Guardian(s)

1st Contact Name: _____ Phone: _____ Cell: _____

Relationship to Camper: _____

2nd Contact Name: _____ Phone: _____ Cell: _____

Relationship to Camper: _____

3rd Contact Name: _____ Phone: _____ Cell: _____

Relationship to Camper: _____

PARENT RELEASE AUTHORIZATION

All campers being picked up at Camp Manitou-Lin or at designated bus stops must be signed out with camp staff. Please list all people your child may be released to, **INCLUDING** parents.

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

My child may **NOT** be released to: _____

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

HEALTH HISTORY

Please supply dates and check which diseases camper has had and which vaccinations they've received.

	DATE	DISEASE	VACCINATIONS
Frequent Ear Infections	_____	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chicken Pox
Heart Defect/Disease	_____	<input type="checkbox"/> Measles	<input type="checkbox"/> Measles
Convulsions/Seizures	_____	<input type="checkbox"/> German Measles	<input type="checkbox"/> German Measles
Diabetes	_____	<input type="checkbox"/> Mumps	<input type="checkbox"/> Mumps
Bleeding/Clotting Disorders	_____	<input type="checkbox"/> Other:	<input type="checkbox"/> Hepatitis A
Hypertension	_____		<input type="checkbox"/> Hepatitis B
Mononucleosis	_____		<input type="checkbox"/> Hepatitis C
Last Tetanus Booster Shot	_____		<input type="checkbox"/> TB Mantoux Test
			Date: _____
			Results: Positive <input type="checkbox"/> Negative <input type="checkbox"/>

Operations or serious injuries (dates): _____

Disability or chronic recurring illness: _____

Other infectious diseases or details of above: _____

Name of family physician: _____ Phone: _____

Date of last physical examination (must have been within the last 24 months): _____

Family medical/hospital insurance carrier: _____ Policy or Group # _____

(For female) Has this person menstruated? Yes No If no, has she been told about it? Yes N

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications.

This person takes NO medication on a routine basis

This person takes medication as follows:

Med#1 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Med#2 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Med#3 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Identify any medications taken during the school year that participant does/may not take during the summer: _____

ALLERGIES

List all known! Describe reaction and management of the reaction to Medication, Food or other Allergies (please list):

Medication Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
Food Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
Other Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____

I AUTHORIZE THE FOLLOWING TO BE ADMINISTERED (OR THEIR GENERIC EQUIVALENT) AS NEEDED:

Tylenol Chloroseptic Benadryl Cough Drops Pepto Bismol

Ibuprofen Neosporin Calamine Lotion

Comments: _____

Campers Name _____ Camper's Age: _____

GENERAL LIABILITY

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of me or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE

We love taking pictures of our guest enjoying their time at Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person above.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

Campers Name _____ Camper's Age: _____

EQUINE LIABILITY RELEASE

Please read the following agreement and liability release for horseback riding and or horse related activity at YMCA Camp Manitou-Lin before signing:

WARNING: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

▪ **Activity Risk And Nature Of Camp Horses**

As a guest at YMCA Camp Manitou-Lin, I, the undersigned, recognize that YMCA Camp Manitou-Lin is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on YMCA Camp Manitou-Lin premises.

▪ **Rider Responsibility**

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine. For the comfort and safety of the horse and rider, a 200 lb weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Equestrian Director.

▪ **Signer Statement Of Awareness**

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of YMCA Camp Manitou-Lin/YMCA of Greater Grand Rapids and its staff and volunteers.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

ORTHOPEDIC

Spinal fusion
Spinal instabilities/abnormalities
Atlantoaxial instabilities
Scoliosis
Kyphosis
Lordosis
Hip subluxation/dislocation
Osteoporosis
Pathologic fractures
Coxas arthrosis
Heterotrophic ossification
Osteogenesis imperfecta
Cranial defects
Spinal orthosis
Internal spinal stabilization

MEDICAL/SURGICAL

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral vascular disease
Varicose veins
Hemophilia
Hypertension
Serious heart condition
Stroke (CVA)

NEUROLOGIC

Hydrocephalus/shunt
Spina bifida
Tethered Cord
Chiari II malformation
Paralysis due to spinal cord injury
Seizure disorder

SECONDARY CONCERNS

Behavior problems
Acute exacerbation of chronic disorder
Indwelling catheter

FOR THE PARENT/GUARDIAN

We ask that you give us some rather detailed information that will help YMCA Camp Manitou-Lin and Kids Burn Camp staff best provide programs and supervision for your camper. The information will be reviewed and passed on to your camper's counselor. You know your camper best and your answers will help us provide the best possible week at KBC.

Camper Name:		Nickname:		Age:	
Parent/Guardian Name filling out this form		How are you related to the Camper?			
With whom does the camper live? Please explain.					
Is either parent or close relative deceased? Are parents separated or divorced? Please explain.					
Has the camper had any specific problems or progress associated with academic performance or behavior at school? Please explain.					
Have friendship patterns or interaction with peers changed in the past year? Please explain.					
Is the camper currently going through any special life issues such as divorce, a death in the family, drug use? Please explain.					
Please list all extra-curricular activities your camper has participated in this year.					
How would you describe your camper's adjustment to their burn injury? Please explain.					
How do you feel the past year has been for your camper? Please explain.					
What is your camper looking forward to in the next few months?					
Is there anything else that you feel would be helpful for us to know about your camper? Please explain.					
How can we be most helpful to your child at camp? Please explain.					

FOR THE CAMPER

Camper Name:	
Who is in your family? Please explain.	
How would your family describe you? Please explain.	
How would your friends describe you? Please explain.	
How is school for you? Tell us about your favorite teacher and favorite subject. Please explain.	
What has gone well for you this year? Please explain.	
What hasn't gone so well this year and what was hard to handle this year? Please explain.	
What was the coolest thing that you did or happened to you this year? Please explain.	
What are you looking forward in the next few months?	
Why do you want to go to Kids Burn Camp this year? Please explain.	
What are you looking forward to most at camp? Please explain.	
Is there anything that worries you about camp this year? Please explain.	

CLOTHING AND EQUIPMENT

Be aware that camp is hard on clothing and equipment due to uneven trails, weather, and very active days. We recommend against bringing new and/or expensive clothing, luggage, or other items. We also advise that both you and your camper pack together – it better ensures your camper knows what they have and increases the likelihood that it will return home with them. All personal belongings (clothes, luggage, sleeping bags) should be plainly and **BOLDLY** marked for easy identification and are ultimately the responsibility of the camper. Storage space is limited. Please bring only two (2) items of luggage: a sleeping bag and one (1) suitcase/duffel bag. Unclaimed lost and found property will be kept for one week and then donated to various local charities.

PLEASE BRING

- Sleeping bag or blankets with stuff sack or plastic bag
- Small pillow
- Laundry bag/pillow case
- 1-2 Towels & 1 Washcloth
- Shampoo & soap
- Toothbrush & toothpaste
- Deodorant
- Comb or brush
- Waterproof coat or rain poncho
- Warm jacket
- Sweatshirt
- Long sleeve shirt
- Pajamas or other sleeping clothes
- Underwear & socks for EVERYDAY plus 2 extra
- T-shirt for EVERYDAY
- Shorts
- 2 pairs of Long Pants (horseback riding requires long pants)
- 2 pairs of Shoes
- Sandals
- Swimming Suit
- Water bottle
- Sunscreen
- Chapstick
- Flashlight
- Prescribed Medications

OPTIONAL

- Stationary, pre-addressed envelopes & stamps
- Journal
- Book
- Travel games

PLEASE DO NOT BRING

- Pocketknives, weapons or hazardous materials
- Matches
- Fireworks
- Candy, pop, or food
- Cash

YMCA Camp Manitou-Lin
is proud to be
a Tech-Free camp.

Please help us by making sure
that your camper
DOES NOT
have any electronic equipment,
electronic games, cell phone, or
personal music players in their
possession.

Thanks for your cooperation.

CAMPER EXPECTATIONS

Developing realistic expectations about camp is important. Parent/guardians can sometimes over-glamorize the camp experience. Obviously, going away to camp will be wholly worthwhile, but it is important to make sure your child understands it may not be fun every minute – there may be problems to solve, cabins to keep tidy, tables to set and new skills to develop. This is all part of the camp experience – and those rainy days can be the most memorable of all.

Friends, Fun, Learning and Adventure

Sharing and group work are an integral part of the Overnight Camp and Teen Overnight Camp programs. For example, in the mornings during cabin activities, canoeing, and BIG games campers are given opportunities for leadership among their peers and for challenging themselves. Camp is physically active, with long days; participating fully is important and expected at camp.

Religious Emphasis

The YMCA of Greater Grand Rapid's mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all. Here at camp, daily chapel, thoughts for the day, graces, and nightly vespers emphasize Christian principles and practices. YMCA Camp Manitou-Lin's core values are Caring, Honesty, Respect, Responsibility and inclusion. Our entire camp family is expected to promote themselves in such a way as to role model these values. We welcome and celebrate all religious affiliations and denominations.

Behavioral Expectations

Campers are expected to behave in a safe, Caring, Honest, Respectful, Inclusive and Responsible manner at all times. This is implemented with great care and respect by all camp staff. Failure to abide by Manitou-Lin's rules and guidelines will result in dismissal from camp.

Homesickness

Occasionally a camper becomes homesick. Our staff are prepared and trained to respond to homesickness. This can be overcome and will help the camper in developing independence and increased self-respect. Should it be in the best interest of the camper, the Camp Director will contact the parent/guardian.

Lost and Found/Personal Property

The YMCA is not responsible for clothing and personal property brought from home. While our staff will help your camper, it is considered the responsibility of the camper to keep their belongings together. Please check your child's cabin and the lost and found located on the southern end of the lodge porch on closing day. **Unclaimed lost and found property will be kept for one week and then donated to various local charities.**

Emergency Communication

In case of medical or family emergency, contact YMCA Camp Manitou-Lin at 1-888-909-2267. After office hours, our voice mail system will give you an emergency cell phone option. Please follow these instructions. In the event of an emergency, visits by parent/guardians are allowed after contact with the Camp Director.

Sending something to a camper?

There are multiple ways that you can contact your camper while they are at Manitou-Lin. You can send mail by US Mail or you can send faxes to the office or e-mails through Bunk1.com. Care packages are welcomed, but please refrain from sending food as it invites wildlife into your camper's cabin. Care packages to share with the whole cabin, including theme-related decorations, glow sticks, books or games are a great way to create a memory for your camper.

Please include camper's name, session and cabin on all items sent to camp to ensure prompt delivery. **All e-mail, faxes, and USPS mail must arrive at camp by 10:45 AM for delivery on that day.**

- **Letters:** Address mail to your camper as follows:
 - **Camper Name, session number, cabin name**
 - **YMCA Camp Manitou-Lin**
 - **1095 North Briggs Rd**
 - **Middleville, MI 49333**
- **Fax: 1-269-795-1629;** a fax cover sheet is available during check-in and on our website.
- **E-mail:** Log on to Bunk1.com to send emails to your camper. There is no charge to send plain text messages. If you choose to send pictures or designs with the email, there may be a charge.

INFORMATION RELATED TO YOUR CAMPER'S BURN INJURY

Please give a detailed description of the burn injury including type of burn, body location and events surrounding the time of the injury

Date of injury:	Age at time of injury:	Percent of body affected and areas affected:

Areas grafted:	Hospital providing care:	Name of burn physician:

Has your child had burn related reconstructive surgery in the last 6 months? Yes No

Date of surgery: _____ Please describe: _____

Is your child scheduled for surgery after camp? Yes No

Please describe: _____

Will the child need special care at camp? Yes No

Please describe: _____

Does your child presently wear pressure garments? Yes No

If Yes, which areas of the body? _____

If Yes, how many sets of garments will they bring? _____

Wearing schedule: _____

OCCUPATIONAL, PHYSICAL or PSYCHOTHERAPY

1. Does your child presently receive Occupational Therapy Yes No

If yes, frequency: _____

Name of therapist: _____ Phone: _____

2. Does your child presently receive Physical Therapy Yes No

If yes, frequency: _____

Name of therapist: _____ Phone: _____

3. Does your child have any limitations in their strength or range of motion? Yes No

If yes, frequency: _____

Name of therapist: _____ Phone: _____

4. Does your child have any physical limitations which may affect their participation in camp activities? Yes No

5. Does your child have Downs-Syndrome? Yes No

NOTE: If you answered YES to any of the above questions number 1 through 5, the attached Physician Report is required upon registering for Kids Burn Camp. The intended use it to guide and assist us in providing for your child a camp experience that will work toward and be consistent with therapy goals.

3. Is your child currently receiving counseling or psychotherapy? Yes No

NOTE: If you answered YES to Question 6, a brief summary statement from his or her therapist indicating treatments issues as well as issues relevant to camp is required as part of the application packet. The intended use it to guide and assist us in providing for your child a camp experience that will work be consistent with therapy goals.

I certify that this information is true and accurate to the best of my knowledge.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)