

Dear Kids and Parents,

It is time to get ready for Camp Rise Above! We are excited to invite you to our 2018 camp session, and have outlined below what our days will be like. We have also included a "What to Bring" list on the back of this page. If you would like to attend, we ask you to fill out the:



1. Camper Information Sheet
2. Camper Medical Form (Please be as detailed as possible!)
3. CCPRC and Camp Rise Above Waiver

Please return these three forms as soon as possible, and no later than May 1, so we have an accurate count of kids coming and an awesome counselor for your child! My address appears below, or you can email the forms back to erinu@campriseabove.org.

All children will arrive to James Island County Park each day at 8:00 am in their swimsuits ready to hit the Splash Zone water park. The first day we will have a camp T-shirt and backpack for them to carry through the 2 days for their sunscreen, towels, etc. Tennis/walking shoes are also required due to the walking and activities planned. After we have explored the water park we will divide into groups to enjoy paddle boating, fishing, and group games for the rest of the morning. Please know that at each event there will be trained JICP attendants to assist the children in the activities. We also have a medical team on staff the entire session, and we strive to create a one-to-one camper to counselor ratio. Lunch will then be served in the air-conditioned Edisto Hall and will also include announcements, team building, singing songs, and special activities. With the remaining time in the afternoon we will divide up again into groups and enjoy archery, arts & crafts, and the climbing wall. At any point, children and their counselors can return to the hall to take a break and grab a cold drink or a snack, and there will be snacks and cold water at each activity site. We will end each session with a camp talent show, and invite parents to join us!

Pick up is at 3:00 pm each afternoon. If you are unable to retrieve your children at this time, please let us know. We can accommodate children until 4:00 each day *with advance notice*. It is important that I hear from you regarding issues you may have with pick-up & delivery so we can accommodate your child. Also, if your child has a special diet we ask that you give us adequate notice by noting it on your application. If we are unable to accommodate their special dietary needs, you may be asked to pack snacks and a lunch.

All paperwork is due by May 1 to ensure your child is registered. Space is limited so please return these forms as soon as possible! I look forward to hearing from you soon. Please feel free to call me at 843-300-9100 or e-mail me at erinu@campriseabove.org if you have any questions at all.

See you this summer!

Erin Marie Ulmer
Executive Director
Camp Rise Above
www.campriseabove.org

PO Box 31295 Charleston, SC 29417
Phone: 843-300-9100

2018 Day Camp Dates

June 11-12: Children with Asthma
June 14-15: Children with Craniofacial Differences
June 18-19: Children with Heart & Kidney Diseases
June 21-22: Children with Sickle Cell Disease
June 25-26: Children with Brain Tumors and their siblings
June 28-29: Children with Epilepsy, Tourette's and TBI
July 9-10: Children with Down syndrome
July 12-13: Children with Cerebral Palsy

What to bring to Camp:



1. Closed toed shoes with socks - no flip-flops!
2. As campers will arrive in a bathing suit, please bring a change of clothing, including underwear, and a plastic bag for wet clothes (please put name on all loose clothing!)
3. Sunscreen and bug spray (We will have extra available)
4. Swim Towel
5. Any medication that must be taken during the day. (Please bring in its original bottle, and it will be checked in with the medical team each morning)
6. A visor or hat as some activities are in the sun (optional).

Campers will be provided with a bag to carry their belongings and a t-shirt for each day. Please clearly label loose materials with your camper's name!



Camp Rise Above - Camper Information Sheet

In order to give you the best experience at camp, we would like to get to know you better! Each child coming to camp should fill out his/her own page, as they are able. Please attach a picture of the camper (if you have one)!

RETURN THIS WITH YOUR MEDICAL FORM AND WAIVER.

NAME _____ BIRTH DATE _____ AGE _____

WHAT WOULD YOU LIKE TO BE CALLED AT CAMP _____

ADDRESS, CITY, STATE, ZIP _____

PHONE # _____ WILL YOU BE STAYING AT A HOTEL? _____

GENDER _____ T-SHIRT SIZE (Circle one) YouthXS YouthS YouthM YouthL YouthXL
Adult S Adult M Adult L Adult XL

HAVE YOU BEEN TO CRA BEFORE? _____

SCHOOL ATTENDING _____ GRADE _____

HOBBY/SPORTS _____

DO YOU KNOW HOW TO SWIM? _____ DO YOU LIKE TO DO CRAFTS? _____

HAVE YOU EVER BEEN BOATING? _____ FISHING? _____ PLAYED ARCHERY? _____

WHO IS YOUR FAVORITE ENTERTAINER? _____

NAMES OF BROTHERS & SISTERS (& PETS!) _____

WHAT PART OF CAMP ARE YOU MOST EXCITED ABOUT? _____

IS THERE ANYTHING ABOUT CAMP THAT MAKES YOU NERVOUS? _____

IS THERE ANYTHING ELSE YOU'D LIKE YOUR COUNSELOR TO KNOW ABOUT YOU?

WOULD YOU LIKE TO INCLUDE A DONATION TO CRA? IF SO, INCLUDE A DONATION WITH YOUR APPLICATION OR VISIT OUR WEBSITE: www.campriseabove.org. THANK YOU!

Please check the session for which you are applying. Please note that campers must be 6-17 years old.

- | | |
|--|---|
| <input type="checkbox"/> June 11-12...Children with Asthma | <input type="checkbox"/> June 25-26...Children with Brain Tumors & Siblings |
| <input type="checkbox"/> June 14-15...Children with Craniofacial Differences | <input type="checkbox"/> June 28-29...Children with Epilepsy, Tourette's, & TBI |
| <input type="checkbox"/> June 18-19...Children with Heart & Kidney Diseases | <input type="checkbox"/> July 9-10...Children with Down Syndrome |
| <input type="checkbox"/> June 21-22... Children with Sickle Cell Disease | <input type="checkbox"/> July 12-13...Children with Cerebral Palsy |

2018 Camper Medical Form - Camp Rise Above

This 2-page form is to be filled in by the parent/guardian for each child attending.

Please be as specific as possible. In order to best serve your child, we need as much information as possible about the diagnosis that qualifies them for camp as well as any other medical, behavioral, and social issues. If you need additional space to fully answer the questions below, please attach an additional page.

EMERGENCY CONTACT INFORMATION

Camper's Name _____ Age _____ Gender _____

Parent/Guardian (print) _____ Home _____ Cell _____

Email _____

(If not available in an Emergency, please provide an alternative person to notify below)

Emergency Contact Name: _____ Home _____ Cell _____

Please list the full names of any adults that are authorized to pick up your child from camp. They will be asked to show their ID at pickup. _____

REQUIRED MEDICAL INFORMATION

Diagnosis that qualifies the child for camp: _____ Date Diagnosed: _____

Please explain this diagnosis and any restrictions, challenges, or impact it may have on the child's time at camp: _____

What is your child's mobility level? (completely mobile, walker, wheelchair, etc.) _____

Does your child have any cognitive or sensory needs, or sensory aversions? (oversensitive to light, sound, unable to communicate verbally, etc.) If yes, please explain. _____

Are there any other diagnoses and/or conditions that we should know about to help us best serve your child? Please note that the more details we have about your child, the better our ability to assign the best counselor to them. _____

Please continue to next page/back of this page to complete page 2 of health form.

Camp Rise Above 2018 Medical Form – page 2

Can your child use the restroom by him/herself? _____

Can your child feed him/herself? _____

If no to either question, please explain. _____

Health History: (Answer Yes or No and give dates of occurrence)

Ear Problems/Tubes _____ Bleeding/Clotting Disorder _____ Asthma _____

Heart Defect/Disease _____ High Blood Pressure _____ Diabetes _____

Convulsions/Seizures _____ Hearing Problems _____ Eye Prob. _____

Kidney Disease _____ Amputation _____ Lung Disease _____

Spleen Problems _____ History of Stroke _____ Vision Prob. _____

Please explain any Yes answers: _____

Allergies:

Hay Fever _____ Insect Bites _____ Medications _____ Food _____ Other _____

Explain the allergic reaction and how it was treated: _____

DIETARY RESTRICTIONS _____

***If your child is sick, please do not bring them to Camp Rise Above.**

***Please keep all medications in the original bottles when bringing meds to Camp.**

Medication to be dispensed at Camp- Include PRN's if you will need them (if you will bring more than three medications please list them on an attached page).

Name of Med. _____ **Time** _____ **Dosage** _____

Name of Med. _____ **Time** _____ **Dosage** _____

Name of Med. _____ **Time** _____ **Dosage** _____



**CHARLESTON COUNTY PARK & RECREATION COMMISSION
AND CAMP RISE ABOVE SUMMER CAMP PROGRAM**

PARTICIPANT'S NAME _____	PHONE _____	AGE _____	DATE OF BIRTH _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____ SEX _____
Emergency Contact: _____	Relationship _____	Phone(s) _____	

PLEASE READ AND FILL-OUT THIS FORM AND RETURN WITH YOUR OTHER PAPERWORK

PART I: AGREEMENT TO PARTICIPATE AND HOLD HARMLESS

In agreeing to participate in a Charleston County Park & Recreation Commission (CCPRC)/Camp Rise Above (CRA) program, course or trip, I recognize certain risks and dangers exist. These risks include, but are not limited to loss or damage of personal property, injury or fatality due to tripping over roots, falling from heights, drowning, allergic reactions to foods or insects, exposure to temperature extremes or inclement weather, sunburn, and vehicle accidents while traveling to and from the activity site.

I understand Charleston County Park and Recreation Commission, its staff, other program participants and Camp Rise Above (CRA) shall assume no responsibility or liability for me for accident, illness, injury, or loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with this activity, and I hold CCPRC, CRA and their agents harmless from any and all liability, action, claims, and damage of every kind.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

PART II: AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I am aware of my general condition and affirm that I am fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to CCPRC and CRA staff, and will engage in all prescribed activities except for those noted by me and/or by my examining physician. In the event I am rendered unable to communicate by an emergency or accident, I authorize and request such medical and surgical services as may be necessary, and further agree to accept financial responsibility for same.

PART III: MEDICAL INFORMATION

Your CCPRC/CRA program may involve strenuous physical activity. If you have questions regarding your health and participation, please consult your personal physician.

List any medical concerns that might affect your ability to participate and/or information you wish us to pass on to EMS or hospital staff in case of emergency:

My signature on this document is also intended to bind my heirs, representatives, executors, or administrators.

PARTICIPANT'S
SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S
SIGNATURE _____ DATE _____

(Required if participant is under 18 years of age)

**ANYONE WITH SEVERE ALLERGIES TO FOOD, PLANTS OR INSECTS MUST INFORM
CCPRC STAFF, BRING THEIR OWN MEDICATION, AND BE ABLE TO SELF-ADMINISTER IT, OR
REQUEST THAT CAMP RISE ABOVE MEDICAL STAFF ADMINSTER IT.**