

Camp Huntington, Summer 2010

Summer Preparations Checklist (Prep Forms)

Please MAIL all underlined items below to our campus office address:

Camp Huntington, PO Box 37, High Falls, NY 12440

Phone: 866-514-5281; Fax: 845-853-1172

-All underlined forms below are required to be completed and returned to our office by June 1, 2010; your child will not be admitted without their completion; a \$250 late forms fee will be charged for forms received after June 1st, unless your child enrolls after that date. Enrollments after June 1st: prep forms are due two weeks prior to attendance. It is **YOUR** responsibility to: check with us to make sure we have your child's forms; check your CampMeds order to ensure it has been correctly filled and received by our campus office; check non-CampMeds medication orders are delivered to the camp at least 7 days prior to attendance.

-Check each completed underlined item below and fax and/or mail back all items and a copy of this completed list to the campus office. Keep copies for your records. We **MUST** have your original signature on any underlined forms or ones requiring parent signature.

___ 1 - Camp Enrollment Agreement; as stated in Camper Application

___ 2 - Preparation for Camp form, important details and instructions

___ 3 - CampMeds, Inc Forms (**medication packaging service, 3 Documents**)

___ 4 - Medical forms 1 and 2; both **MUST** be reviewed (and FORM 2 signed) by a licensed physician (required by NY State health department).

___ 5 - Over-The-Counter, (OTC) or PRN, Medications form, (physician's signature required.)

___ 6 - Meningococcal form

___ 7 - Asthma Information (only if your child has Asthma)

___ 8 - Photo Release form

___ 9 - Camper clothing and camp items list/Inventory form

___ 10 - Items to Send and Not to Send

-Clothing Labeling: please scan the web for resources. Sewn labels or hand-written are best; stick-on labels fall off in the dryer. For hand-written: write on the clothing label, your child's first initial and full last name of first 4-5 letters; please print. Please note that during camp bulk laundry service and daily activities, clothing items may get lost or ruined, so we advise against sending any high-cost items, and to expect some lost items.

Child's Name (Print): _____ Parent's Name (print): _____

Parent Signature: _____ Date: _____

CAMP HUNTINGTON ENROLLMENT AGREEMENT

Must be signed and mailed to camp by June 1, 2010

This agreement ("Agreement") is entered into by and between Camp Huntington, Inc., a New York Corporation (hereinafter "Huntington"), operating as Camp Huntington, a licensed program which is described in the program materials that Sponsor has received previously and which is made a part of this Agreement by reference (the "Program") and _____ parent(s) and/or guardian(s) of the Camper (hereinafter the "Sponsors"). Sponsors' address is _____ and phone is: _____.

In consideration of the mutual promises set forth in this Agreement, Huntington and Sponsor (hereinafter the "Parties") mutually agree as follows:

1. **SPONSOR'S REPRESENTATIONS.** Sponsor warrants that Sponsor is the legal parent(s) and/or guardian(s), having legal custody, of the following child: _____ (full and preferred name), whose birth date is _____ (hereinafter the "Camper"), and that Sponsor desires to and does hereby contract with Huntington for the Camper's enrollment in the Program according to the terms and conditions of this Agreement. In entering into and performing under this Agreement, Huntington is relying on all representations and promises of the Sponsor contained or expressed in this Agreement and all other documents and information sheets from Sponsor to Huntington, and Sponsor expressly warrants the truth and accuracy of the same.

2. **ENROLLMENT OF THE CAMPER.** Upon Sponsor's initial payment of the _____ processing fee and completion of this Agreement, the Enrollment Application and all related documentation, and upon Huntington's execution of this Agreement, Huntington shall review the Camper conditionally for enrollment in the Program, subject to the terms and conditions of this Agreement. Sponsor acknowledges and agrees that Huntington's conditional acceptance of the Camper is subject to the personal evaluation and screening process conducted by Huntington. If the Camper satisfies Huntington's screening criteria, Huntington shall accept the Camper and, except as otherwise provided herein, permit the Camper to enter the Program. If the Camper fails to satisfy Huntington's screening criteria, Huntington will return the deposit.

Tuition or deposit is refundable only until May 1st, 2010, less a registration fee of \$550. No allowance shall be made for late arrivals or early departure of camper. Any camper who has great difficulty in adjusting to camp life or who proves to be a detriment to self or others may be discharged at the Director's discretion. Tuition refund for early departure of any kind is subject to a 50% pro-rated refund. Parents agree not to hold the camp responsible for program cancellation, and/or changes in opening or closing dates of camp, for any reason. The director, based on review of a child's needs during an interview, may assess extra attention fees, or for needs that arise during a camper's stay. Extra fee amounts are listed on our enclosed payment plans sheet. 1:2 Supervision required for any Seizure history.

3. **TERM OF AGREEMENT/CUSTODY.** Assuming the Camper is accepted into the Program, the term of this Agreement shall be a minimum of _____ beginning with the Camper's arrival in High Falls, New York, now anticipated on _____ (the "Arrival Date"). **On the Arrival Date, Sponsor shall transfer, by a Power of Attorney in the form received and executed by Sponsor, temporary custody of the Camper to Huntington for the duration of the Agreement, unless either party terminates this Agreement prior thereto by giving written notice to the other party pursuant to paragraphs 11A or 11B herein or until the Camper attains the age of eighteen (18), unless the Camper (a) has otherwise been placed in the custody of Huntington by a court of proper jurisdiction or (b) voluntarily consents in writing to remain in the Program for any period of time beyond said eighteenth (18th) birthday.**

4. PROGRAM COSTS AND PAYMENT TERMS.

Payment Plans and Schedules 2010 Season

- **Extra Attention Fees:** 1:2 - \$395 per week; 1:1 \$765 per week
- **Regular Supervision** of 1:3 is included in tuition. (Seizure history; 1:2 supervision required by NY State law.)
- **All Medication/Supplements Fees:** (different medications, or same med, different dosages, any vitamins, supplements): 1-3 per day: \$75 per week; 4 per day: \$95 per week; 5 per day: \$125 extra per week; 6-7 meds per day: \$195 extra per week; 8-9 per day: \$250 per week; 10 plus, please inquire.

- Extra Laundry fee: \$75 per week
- Credit Card Payments: please complete the attached credit card payment form, and fax to: 845-853-1172, Attn: Finance Manager

•2010 Registration – Payment Schedule

	<u>6 Weeks</u>	<u>3 Weeks</u>	<u>2 Weeks</u>	<u>1 Week</u>
Registration Fee	\$450	\$450	\$450	\$450
January 15, 2009	\$3500	\$1900	\$1250	\$545
March 1, 2009	\$3450	\$1800	\$1250	\$500
May 1, 2009	<u>\$3450</u>	<u>\$1800</u>	<u>\$1000</u>	<u>\$500</u>
Total	\$10,850	\$5950	\$3950	\$1995

The Breakdown:

Session	Dates	Cost	Check Choice
Full Season – 6 weeks	6/20 – 7/31/10	\$10,850	
Half Season Sessions:			
Session 1 – 3 weeks	6/20 – 7/11/10	\$5950	
Session 2 – 3 weeks	7/11 – 7/31/10	\$5950	
Session 3 – 2 weeks	8/1 – 8/14/10	\$3950	
Session 4 – 1 week	8/15 – 8/21/10	\$1995	
<i>Add a week, specify</i>			

In addition to our regular educational and work-training programs, you may wish to select optional activities and/or private tutoring. All additional academics are initiated and supervised by a licensed professional. The cost for each of the selections below is for full season, 1 session per week.

Additional Activities	Cost, weekly	Check Choice
Speech and Language Development	\$110.00	
<i>Occupational Therapy</i>	\$110.00	
Reading	\$110.00	
Mathematics	\$110.00	
Horseback Riding (1/2 inch heeled <u>boots</u> required)	\$110.00	
Weight Loss – Nutrition and Exercise Program	inquire	
Other Program – please request		

If Sponsor withdraws Camper before expiration of the period of enrollment without the recommendations of the Program Director, Sponsor understands and agrees that any amounts still owed by the Sponsor as part of this Agreement will become immediately due. Further, the Sponsor shall not be entitled to a refund of any amounts paid, nor shall there be a reduction in the obligation for basic charges or other expenses due from the Sponsor. The non-refundable payments made and the continuing obligation to pay any amounts due but not paid, reflects the recognition that certain costs associated with making the program available to the Participant are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, the Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e.

Liquidated Damages) Huntington incurs with the early withdrawal of the Participant. Camper transcripts and other documentation will not be released until all financial obligations have been met.

C. **ADDITIONAL COSTS AND EXPENSES.** In addition to the Program fee, Sponsor agrees to pay for the following expenses of the Camper: transportation from the Camper's current residence to High Falls, New York and return transportation to the Camper's current residence; food and lodging expenses for any holding period before commencement of the Program and/or after completion of the Program; medication packaging; all medical, dental, hospital, and related expenses incurred by or for the Camper and all required personal items specified in the Camper clothing list. Sponsors are also responsible for any additional escort fees required for transporting Camper to and/or from the Program to another location (i.e. airport, doctor's appointment or special event).

D. **PERSONAL INJURY AND DAMAGE TO PROPERTY.** Sponsor agrees to accept full responsibility for (1) the repair or replacement of any property damaged, defaced, or destroyed by the Camper, whether owned, leased, or controlled by Huntington or any third party, and (2) any personal injury to any Huntington personnel, other Campers or third parties caused, in whole or in part, by the Camper; and to promptly reimburse Huntington for any costs and expenses, including legal fees, it may incur in connection therewith.

E. **RUNAWAY EXPENSES.** In the event the Camper runs away from the Program, Huntington will make every reasonable effort to find the Camper and return the Camper to the Program or to the Sponsor. An accounting of the expenses incurred by Huntington in finding and returning the Camper will be made to the Sponsor who agrees to accept full responsibility for any and all such costs and expenses, and to pay the same within seven (7) days of the Sponsor's receipt of said accounting.

F. **LOSS OR DAMAGE TO CAMPER'S PROPERTY.** Huntington is not liable for any loss of or damage to any of the Camper's property. The Camper is fully responsible for the same at all times.

G. **SUBCONTRACTING.** Sponsor agrees and consents to Huntington subcontracting certain services to be rendered under this Agreement to persons or entities deemed by Huntington to be properly qualified to provide said services, at no additional cost to Sponsor unless otherwise agreed to by both parties. Huntington is not responsible for the services provided by such third-party contractors and is hereby released from any liability arising from such services. All clinicians furnishing services to the Camper, including any psychiatrists, psychologists, mental health professionals, or internists or the like, are independent contractors with the client and are not employees of Huntington. The Camper is under the care and supervision of his/her attending clinician and it is the responsibility of the Camper's clinician to obtain the Sponsor's informed consent, when required, for medical, surgical, or psychiatric treatment, special diagnostic or therapeutic procedures, or other services rendered the Camper under the general and special instructions of the clinician.

H. **NURSING CARE.** Huntington provides only general nursing care unless, upon orders of the Camper's physician, the Camper is provided more intensive nursing care. If the Camper's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the Sponsors. Huntington shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that Camper is not provided with such additional care.

5. **ASSUMPTION OF RISKS; RELEASES AND INDEMNITIES.** Sponsor acknowledges serious hazards and dangers, known and unknown, inherent in the Program, including but not limited to ranch, agricultural and vocational activities, emotional and physical injuries, illness or death that may arise from strenuous hiking, climbing and camping in a natural environment, exposure to the elements, plants and animals, running away from the Program, "acts of God" (nature), the ropes course, kayaking, rafting, water sports, stress, involvement with other Campers, self-inflicted injuries, and transportation to and from the Program's field location(s). Sponsor understands that in participating in the Programs Camper will be in locations and using facilities where many hazards exist and is aware of and appreciates the risks which may result. Sponsor understands that accidents occur during such activities due to the negligence of others which may result in death or serious injury. Sponsor and Camper are voluntarily participating in the Programs with knowledge of the dangers involved and agree to accept any and all risks.

In consideration for being permitted to participate in the Programs, Sponsor agrees to not sue, to assume all risks and to release, hold harmless and indemnify Huntington and any and all of its predecessors, successors, officers, directors, trustees, insurers, employees, managers, agents, volunteers, community organizations, administrators, heirs, attorneys, executors, assigns and/or related or affiliated business entities including, but not limited to, Aspen Education Group, Inc. (Collectively all of the above persons and entities shall be referred to as the "Released Parties" hereafter) who, might otherwise be liable to Sponsor or Camper under theories of contract or tort law. Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law.

Sponsor intends by this Waiver and Release to release, in advance, and to waive his or her rights and discharge each and every one of the Released Parties, from any and all claims for damages for death, personal injury or property damage which Sponsor may have, or which may hereafter accrue as a result of Camper's participation in any aspect of the Programs. Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law and this Waiver and Release do not apply.

Camper is physically capable of participating in the Programs, and his or her medical care provider has approved his or her participation. If Sponsor is aware that Camper is under treatment for any physical infirmity, ailment or illness, Camper's medical care provider knows of and has approved Camper's participation in the Programs. Sponsor acknowledges that Sponsor, and Sponsor alone, is solely responsible for Camper's personal health and safety, and the personal property

Camper brings with him or her. Sponsor acknowledges that the medical insurance information Sponsor has provided on the Medical Form is current and complete and that Sponsor is solely responsible for procuring and maintaining all medical insurance Sponsor deems necessary and that the Released Parties have recommended that Sponsor procures and/or maintains medical insurance. Sponsor accepts full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. Sponsor understands that it is ultimately Sponsor's responsibility to provide payment to any hospital/emergency response technicians/emergency transport company that may provide services to Camper as a result of injury/illness during the Programs.

Sponsor agrees that this Release extends to all claims of every nature and kind whatsoever, and hereby expressly waives all rights under California Civil Code section 1542 which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Sponsor agrees to indemnify the Released Parties from any and all actions, causes of action, claims, demands, damages, costs (including attorneys' fees), expenses, liabilities and charges, known or unknown (the "Liabilities") arising out of or in connection with claims and/or actions relating to or brought by or on behalf of Camper, including, without limitation, claims related to or arising out of the Minor's participation in the Program Notwithstanding the aforementioned in cases of negligence, gross negligence or carelessness on the part of Released Parties sponsor retains all rights under theories of contract or tort law and nullifies the indemnification of Released Parties. **Initials:** _____.

6. **AUTHORIZATION FOR MEDICAL CARE AND RECORDS.** In the event of an accident, injury, illness, or other medical necessity, Sponsor hereby authorizes Huntington to: (a) provide emergency first aid to the Camper in the field and en route to any hospital or clinic, (b) arrange for any medical, dental, psychiatric, hospital, ambulance or other health-related care for the Camper deemed necessary by Huntington's staff; and (c) authorize a physician, dentist or other health-care professional(s) to perform any procedure(s) that the health-care professional(s) deems necessary for the well-being of the Camper. All costs and expenses incurred for these services shall be the sole responsibility of the Sponsor. Sponsor also authorizes any and all medical doctors, psychiatrists, psychologists, counselors, therapists, hospitals, clinics and treatment centers that have treated or counseled the Camper, and whose names Sponsor shall provide to Huntington, to release all information regarding the Camper's medical and/or psychological history, diagnoses and treatments to Huntington upon request.

7. **AUTHORIZATION FOR SEARCH AND SEIZURE.** Sponsor hereby authorizes Huntington personnel to search the person and personal effects of the Camper at any time. Huntington is further authorized to confiscate any and all items deemed by Huntington to be contraband or counterproductive to the Camper's successful completion of the Program. The disposition of all items confiscated by Huntington Huntington shall be left to the sole discretion of Huntington.

8. **AUTHORIZATION FOR RESTRAINT.** Sponsor does not authorizes Huntington personnel to physically restrain, control and detain the Camper by the exercise of necessary restraints when deemed necessary by Huntington, except in the case of the Camper jeopardizing the Camper's own safety or the safety of others. In the event that Huntington is required to physically restrain the Camper it must be no more than physically holding the camper until the Camper has calmed down. In the event of a runaway, all appropriate law enforcement agencies or security personnel of any federal, state, county or municipal entity are hereby directed to detain and retain custody of the Camper until Sponsor or any personnel of Huntington arrive, at which time Huntington personnel may re-obtain control of the Camper or authorize continued custody by the law enforcement agency until travel is arranged for the Camper's return home.

9. **PHOTOGRAPHIC/AUDIO RECORDING AUTHORIZATION.** Sponsor hereby authorizes Huntington to take and utilize the voice, photographs and/or videotapes or audiotapes of the Camper during the Program, without any compensation to Sponsor or the Camper. Sponsor understands and agrees that these photographs and tapes of Camper's acts, poses, plays, faces, person, likeness and appearance of any and all kinds and/or recording of voices (with the right to "dub" the voice of another in place of Camper's) may be used in preparing promotional literature or publicity and tapes for Huntington in any medium, together with instrumental, musical, and other sound effects provided by Huntington. Sponsor waives his or her and Camper's rights of publicity in connection therewith.

10. **RESEARCH AUTHORIZATION.** Sponsor hereby authorizes Huntington to use data from the Camper's records, tests, and assessments for purposes of ongoing research, provided that the Camper's name and identity will be kept confidential and not used in any published materials.

11. EARLY TERMINATION/LIQUIDATED DAMAGES.

A. **TERMINATION BY HUNTINGTON.** Huntington reserves the right to terminate this Agreement at any time due to: (i) failure of Sponsor to pay any amounts due under paragraph 4; (ii) illegal, uncontrollable, or dangerous behavior by the Camper; (iii) discovery of any unprompted or previously unknown physical, medical, mental, or emotional problem(s) of the Camper; or (iv) for any other reason if Huntington deems it necessary for the protection of the Camper, any other Camper(s) or the integrity of Huntington Program. **In the event of any such termination by Huntington after the Camper has been accepted into the Program, neither Sponsor nor Camper's insurer shall be entitled to a refund of any part of the Program fee or tuition.** However, in the sole discretion of Huntington, except in the case of termination under paragraph 11A (i) above, the Camper may participate in a subsequent Program if the condition(s) that led to the Camper's prior termination has been resolved to Huntington's satisfaction, with a credit, to be determined by Huntington in its sole discretion, against the Program fee for prior Program fee payments.

B. **WITHDRAWAL BY SPONSOR.** In the event Sponsor or any authorized third party, after the Camper's arrival date, withdraws the Camper for any reason prior to the end of the Program, or if the Camper decides to leave the Program after the Camper's eighteenth birthday, neither Sponsor nor the Camper's insurer shall be entitled to a refund of any part of the Program fee or tuition. However, in the sole discretion of Huntington, the Camper may participate in a subsequent program if the condition(s) that led to the Camper's prior withdrawal has been resolved to Huntington's satisfaction, with some appropriate credit, to be determined by Huntington in its sole discretion, for prior Program fee payments.

C. **LIQUIDATED DAMAGES.** Huntington's entitlement to and retention of the entire tuition payable in advance under this Agreement in the event of an early termination or withdrawal is not considered by either of the Parties to be a penalty for early withdrawal of the Camper. Because of Huntington's fixed costs, the impossibility of filling the Camper's position once the Program is underway, and the difficulty of estimating and recovering Huntington's losses caused by the Camper's early termination or withdrawal, the Parties agree that this non-refundable Program fee policy constitutes a fair and reasonable estimate of Huntington's losses (i.e., liquidated damages) associated with any early termination or withdrawal of the Camper from the Program.

12. **SPONSOR EDUCATION PROGRAM AND COOPERATION.** Sponsor agrees to attend any seminars for parents and guardians of the Campers conducted by Huntington during the Program, and to give Sponsor's full cooperation to Huntington personnel throughout the Program, in order to maximize the benefits of the Program for the Camper and the Sponsor. Sponsor also agrees to read any educational materials and watch any video programs sent to Sponsor by Huntington, and to fill out and return to Huntington any interactive educational materials, while the Camper is in the Program.

13. **ESCORTS.** If an escort is required to bring the Camper to High Falls, New York for the Program, Sponsor agrees that any escort or escort service used by Sponsor, whether or not Sponsor is referred to the escort by Huntington, is in all respects an independent contractor contracting directly with Sponsor. Sponsor agrees that Huntington bears no responsibility of any kind for any such escort service or the negligence or failure thereof.

14. **HEALTH INSURANCE.** Sponsor warrants that the Camper is presently covered, and will for the duration of the Program be covered, by adequate health insurance covering claims that may arise in connection with any accident, injury or illness that the Camper may suffer or incur during the Program. Whatever deductibles or coverage exclusions may apply in a given case shall be satisfied entirely by Sponsor. Camper must provide proof of insurance prior to enrollment.

15. **EMANCIPATION.** Sponsor warrants that the Camper is a minor, both by age and as a matter of law that the Camper does not qualify under the law as an "emancipated minor and that the laws of the Camper's state of residence permit Sponsor to place the Camper in the Program without the Camper's consent.

16. **DELAYED PERFORMANCE.** Except for the obligation to make payments when due hereunder, all other obligations under this Agreement shall be suspended for so long as one or both Parties hereto are prevented from performing hereunder by acts of God/nature, the elements, acts of federal, state or local governments, agencies or courts, damage to or destruction or unavoidable shutdown of necessary facilities, or other matters beyond their reasonable control; provided, however, that any party so prevented from complying with its obligations hereunder shall promptly notify the other party thereof and shall exercise due diligence to remove and overcome the cause of such inability to perform as soon as practicable.

17. **ATTORNEY'S FEES.** In the event that either party is found in default or material breach of any specific promise, term or condition expressly set forth in this Agreement by an arbitrator(s) or a court of competent jurisdiction, said party shall be liable to pay all reasonable attorneys' fee, court costs and other related collection costs and expenses incurred by the other party in enforcing its contractual rights hereunder in said arbitration and/or court proceeding(s). In addition, Sponsor agrees to compensate Huntington for all reasonable attorneys' fees and costs incurred by Huntington in connection with those matters concerning which Sponsor has agreed to pay or indemnify Huntington hereunder, including without limitation the provisions of paragraphs 1, 4, 5, 6, 7, 8, 11, 12, 13, 14, and 27 herein. Sponsor agrees to pay a late charge of one and one-half percent (1½ %) per month on all billings not paid in accordance with this Agreement.

18. **NOTICES.** Any and all notices, payments, reports and other correspondence required hereunder shall be deemed to have been properly given or delivered when made in writing and delivered personally to the party to whom directed, or when sent by United States mail with all necessary postage or charges fully prepaid, and addressed to the party to whom directed at its below specified address (or a new address after written notice of such change is given to the other party).

Huntington, Inc.

c/o Aspen Education Group, Inc.

17777 Center Court Dr.

Cerritos, CA 90703

PARENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

19. **AMENDMENTS.** This agreement may be amended at any time upon mutual agreement of the parties hereto, but any amendment(s) must first be reduced to writing and signed by both parties in order to become effective.

20. **WAIVER.** A waiver by any party of any provision hereof, whether in writing or by course of conduct or otherwise, shall be valid only in the instance for which it is given, and shall not be deemed a continuing waiver of said provision, nor shall it be construed as a waiver of any other provision hereof.

21. **PARAGRAPH HEADING.** The paragraph headings of this Agreement are inserted only for convenience and in no way define, limit or describe the scope or intent of this Agreement nor affect its terms and provisions.

22. **GOVERNING LAW / VENUE.** This Agreement, and all matters relating hereto, including any matter or dispute arising between the parties out of this Agreement, tort or otherwise, shall be interpreted, governed, and enforced according to the laws of the State of California; and the Parties consent and submit to the exclusive jurisdiction and venue of the California Courts in Los Angeles County, California, and any qualified (American Arbitration Association-approved) arbitration service in the State of California, County of Los Angeles, to enforce this Agreement. The parties acknowledge that this agreement constitutes a business transaction within the State of California.

23. **SEVERABILITY.** In the event that any provision of this Agreement, or any operation contemplated hereunder, is found by a court of competent jurisdiction to be inconsistent with or contrary to any law, ordinance, or regulation, the latter shall be deemed to control and the Agreement shall be regarded as modified accordingly and, in any event, the remainder of this Agreement shall continue in full force and effect.

24. **NUMBER.** As used in this Agreement, the term "Sponsor" shall include all Sponsors, being the parent(s) and/or guardian(s) executing this Agreement; and singular pronouns shall include the plural and plural pronouns shall include the singular, whenever the context so requires.

25. **ACKNOWLEDGMENT/ENTIRE AGREEMENT.** Sponsor hereby acknowledges that Sponsor has read this Agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that all other prior agreements, promises, expectations and conditions, oral or written, between the parties are incorporated herein. Other than the express commitments set forth in this Agreement and the Program description, Huntington gives no warranties of any kind, express or implied, to either the Sponsor or the Camper concerning the Program; and Sponsor acknowledges that Sponsor is not relying on any warranties or representations of any kind other than the express commitments of Huntington set forth herein.

26. **BINDING EFFECT.** This Agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representatives, successors and assigns.

27. **RELEASE OF INFORMATION.** The parties authorize the release of the Camper's information via E-mail, Internet technology, voice mail or US mail. While every effort will be made to maintain confidentiality, Huntington accepts no responsibility for the mistransmission that could result in information becoming available to someone other than the intended receiver.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

Date:

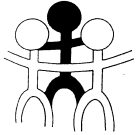
Sponsor (father/guardian)

Date:

Sponsor (mother/guardian)
Accepted:

Date:

Camp Huntington, INC.



Camp Huntington

Summer 2010

56 Bruceville Road
High Falls, New York 12440
Toll-Free: 866-514-5281
www.camphuntington.com

Daniel Falk, Executive Director
Dr. Bruria K. Falik, Executive Director, Emeritus
dfalk@camphuntington.com
Campus Phone: 845-687-7840; Fax: 845-853-1172

PREPARATION FOR CAMP! IMPORTANT INSTRUCTIONS

2010 SESSION DATES:

-Session 1: 6/20 - 7/10/10	-Session 2: 7/11 - 7/31/10
-Session 3: 8/1 - 8/14/10	-Session 4: 8/15 - 8/21/10

ARRIVAL Times on Session start days: 2:15pm – 4:30pm ONLY (other time require permission)

- Arrival without proper medical form completion or medications will prevent your child's session start.
- Late arrivals require pre-scheduling and typically occur the following morning beginning at 10am.
- No parent entry to the campus on drop off day, unless authorized in advance with the Executive Director, to avoid triggering home-sickness in other campers and create a healthy separation for your child.
- Campus tours for families who have not visited before are arranged by the director prior to drop off.
- DEPARTURE Times:** Pick up time at the end of a child's session is between 9:30am and 11:00am, only.

Dear Parents: Save this letter for future reference. Please note the following instructions carefully to prepare for a safe and rewarding camp experience for your child:

ARRIVAL AT CAMP

CAR

If you drive your child directly to camp, please use the following schedule:

Session Start Days: Arrival ONLY between 2:15 PM & 4:30 PM

Late Arrivals: Next day, between 10:00 AM & 11:30 AM

Parents and campers will be welcomed at the **Social Hall** and may **NOT** enter the campus or cabins at drop off time, unless authorized. This helps campers settle in at camp with health separation from parents to begin a positive camp experience, and also avoids triggering home-sickness among other campers.

AIRPLANE

If your child is traveling to camp by airplane, for airport pick-up, contact: **Scott Sutton car service:** 800-487-3809; scottsutton@mindspring.com. He will arrange transportation to camp with you. Please make reservations to arrive *mid-day* at **Stewart Airport** in Newburgh, NY; or **Albany Airport**, in Albany, NY; or **Newark, NJ, or JFK or LaGuardia Airports in NY City** on **session start dates; you must** send us a travel itinerary. You are responsible for all transportation costs to and from the airport; the camp cannot make these arrangements for you.

BAGGAGE

Baggage may be brought with your child, or shipped to camp to arrive 3-4 days before your child's session start day, not earlier please. LABEL all bags. -If it is necessary for you to lock your child's baggage, *please* send a set of keys to the Camp Office at the same time you ship their baggage.

PHYSICAL EXAM Please send your child's latest physical exam. Our local health department requires an exam report within the last 6 months. If ANY physical or health conditions have changed since the most recent exam was completed, it is your responsibility to update us immediately in writing with specific details, such as, but not limited to, hospitalizations, uncommon seizure activity, dietary changes, sudden weight loss, physical limitations, vision concerns, medication changes, behavioral concerns. We cannot be responsible or be able to provide safe care for matters not presented to us in writing regarding your child's health in order for the camp to evaluate its ability to ensure the highest level of safety for your child. Failure to present healthcare information will result in refused entry or early termination and a complete forfeit of ANY refund.

MEDICATION & Health Form and CampMeds service: Please send your child's health and prep forms to our camp office in High Falls by June 1st. Keep a copy. If your child receives **medication**, vitamins, etc. we require you to work with CampMeds to provide the camp with your child's med supply while in attendance.
--All *prescribed medication* must **be supplied through your arrangements with CampMeds service, details for contacting them is listed on the FORMS section of our website.** If you have any problems working with CampMeds, please contact the camp director immediately.

EYEGLASSES Children wearing eyeglasses: send TWO pairs, in hard cases; labeled.

HORSEBACK RIDING Horseback riders **MUST** wear 1/2" **heeled boots**, Timberland or other with 1/2" boots, sneakers not allowed; long pants; sun hat for sun protection.

LINENS REMINDER Sheets, pillowcases and bath towels will be provided by the camp. Please send pool towels, and label special blankets/pillows you would like returned.

VISITING DAY Visiting Day is Saturday, July 10th, 1:30 PM to 4:30 PM.
Please arrive at 1:00 PM to begin parking. **Parking** will be on our baseball field, **enter 2nd driveway past the main camp entrance** on the right side, gate #2.

TELEPHONE CALLS Parents are welcome to call their child on **Sundays only**. The times are limited to: **8:30-9:30AM, 12-1:30PM** and **6-7:00PM**. Please expect busy signals as all parents call in; and also wait times for your child to reach the phone. **Telephone Numbers:** Toll-Free: 866-514-5281, or please try: 845/687-7840 or 845/687-7927 and on **Sundays ONLY**, you can also use: 845/687-7046.

END OF CAMP **Pick up times at our campus is between 9:30am and 11:00am.** Campers flying home can be picked by a car service at pre-arranged times. *Please* notify us in advance of your pick-up plans.

We wish you a very happy, healthy and enjoyable summer!
Please contact us with any questions or concerns: admissions@camphuntington.com
www.camphuntington.com

Dear Parents,

In our on-going commitment to meet the needs of our campers who require medication while at camp as well comply with strict state regulations regarding medication dispensing for summer camps, we will continue to work with **CampMeds Inc.**, a pre-packaging medication program founded by a former camp nurse. *CampMeds* has been servicing the camping industry for the past 7 years providing the convenient service of dispensing, packaging and shipping medications directly to camps.

Our policy and procedure for dispensing and administering medicine **requires** camp families to have **ALL** of your child's medicine (*except* Accutane, growth hormone, insulin) to be dispensed by *CampMeds* and sent to camp prior to their arrival.

CampMeds will fill:

- **Prescription medication in pill form (daily or "as needed")**
- **Prescription medication in liquid form(daily or "as needed")**
- **Prescription inhalers, nose sprays, eye drops, and creams/ointments**
- **Non prescription items (OTC) such as allergy medication and vitamins (daily or "as needed")**

*Our camp stocks most over the counter items such as Tylenol, Advil, Benadryl, etc. so there is no need to have *CampMeds* dispense typical OTC items.

Medications that are in pill form are individually packaged and sealed according to date and time of administration. Each individual packet may contain one or more pills prescribed to be given at the same time. This method of dispensing medicine during summer camp minimizes potential med errors, ensuring that every camper gets the correct medication and dosage, at the right time, on the right day. It also allows your children to return to their camp activities sooner, because administering meds that are pre-packaged and organized reduces their time spent in line waiting for meds! Our nurses now have more time to devote to your child's other healthcare needs.

Medication at camp is dispensed at mealtimes and bedtime. Only if medically necessary and a specific time is written on the prescription, will the meds be dispensed at a different time of day. You are responsible to check that your child's prescriptions are written exactly how and when the medication is to be given. For example, if the med is to be taken only as needed, the prescription must be written that way; if the med is to be the "brand drug", the prescription must specify "brand only" or the generic will be dispensed.

We want to be clear that we do expect **100% participation** from families with campers who will need medication while at camp. The only exception to this procedure is if *CampMeds* notifies us that they are unable to accept your insurance. If your camper does not take medication, you do not need to register with *CampMeds*.

If your camper will be taking medication at camp this summer, please read the following detailed letter, important FAQ's and visit their website, www.campmeds.com for additional information and to register your camper.

We are confident that *CampMeds* continues to help us achieve our primary goal; *the health, well-being and safety of your child.*



(CampMeds form #2)

Summer 2010

Dear Camp Parents,

CampMeds: Phone-954-577-0025; Fax-954-475-3055

This summer **Camp Huntington** will continue work with **CampMeds, Inc**, a pre-packaged medication program to dispense and package your child's medication for camp. Camp families are **required** to register with **CampMeds** if your child takes any medicine while at camp. The **CampMeds** pharmacy will dispense ALL of your child's prescription and non-prescription medicine taken daily or as needed. This includes vitamins. All pills will be individually packaged in sealed packets labeled with your child's name, medicine, dosage, date and time to be given. Medication not in pill form (liquids, inhalers, drops, etc), will be dispensed as well. Our system ensures that each camper receives their correct medicine at the correct time. All medicine will be shipped to camp prior to your child's arrival.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions)
2. Note the Camper ID # you will receive when registered. Print out receipt at the end registration.
3. Obtain original prescriptions written for 30 day increments. (Refer to FAQ #11)
4. Write Camper ID # on top corner of prescriptions. *Do not send us medication, only the written RX
5. Prescriptions are filled as written. It is your responsibility to confirm all prescriptions are written correctly; exactly how and when your child takes the medication (daily or PRN), that the correct med is prescribed and the dosing is correct. (Refer to FAQ #2 and #15).
6. If your child attends camp over 30 days, prescriptions must have a refill. Unused meds are sent home from camp
7. **For Controlled Substances:** If your child is staying longer than 30 days, law requires a new prescription for each 30 day supply. Two separate 30 day Rx's are required for Controlled Substances. No refills and only 30 days of meds should be written on the prescription. Send all prescriptions together
8. Non-prescription meds/vitamins; physician's authorization or written directions by parent required.
9. Include a copy of both sides of your insurance/prescription card.
10. Mail prescriptions, registration receipt and copy of insurance card directly to:
CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees: There is a one-time registration fee for the entire summer which will be charged to your credit card immediately upon registration. **Fees are per camper, not prescription, and do not include the cost of medicine.

- **Fee for campers attending up to 30 days of camp is \$50 including shipping**
- **Fee for campers attending over 30 days of camp is \$60 including shipping**

If your camper requires **NON-PILL MEDS ONLY** (liquids, inhalers etc) there is a one- time fee of \$30 per camper instead of above packaging fee.

Deadlines: ALL OF THE ABOVE ITEMS MUST BE RECEIVED 30 DAYS PRIOR TO START DATE

A \$25 late fee will be charged to your credit card if any of the items above are received after deadlines.

Please be aware that your credit card will be charged the shipping cost for any med change or if additional meds are ordered and sent to camp after your initial medication and/or refills have been sent.

Email Notification: You are notified by email when **CampMeds** receives your online registration, when your prescriptions are received and when meds are sent to camp. Contact us if you do not receive a confirming email within one week of sending prescriptions.

Insurance/Prescription Meds: The **CampMed's** licensed pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all co-payments, deductibles and meds not covered by your insurance. **All of your med charges will appear on your credit card statement from the Pharmacy usually after your child returns home. You are responsible to notify **CampMeds** of any changes to your credit card and/or insurance plan. If the pharmacy is not a provider for your plan, we will notify you to arrange alternative arrangements.

OTC Items and Meds Not Covered by Insurance: Will be charged to your credit card by the Pharmacy.

Please refer to our website www.CampMeds.com for registration and important details. For questions contact **CampMeds** at 954-577-0025 or info@CampMeds.com. **Please review the following FAQ's.**

1. Exactly which medications am I required to have *CampMeds* dispense?

- All prescription non-prescription meds and vitamins (taken daily and “as needed”) *except* the following: Accutane, insulin, growth hormone injections
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have *CampMeds* dispense those typical items if they are only taken “as needed”.
- If your camper takes herbal/specialty vitamins, please contact *CampMeds* to determine if they can be packaged.

2. How can I be sure the meds will be packaged exactly the way my child takes them?

It is your responsibility to check that the written prescription is written correctly. If the med is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the med is to be given at bedtime, the prescription must specify. **If a prescription is written as “once a day” with no specific time, the medication will be packaged for the morning.** If the med is taken only “as needed” (PRN), the prescription must be written to specify only “as needed”.

3. Do I need to register my child again if I registered last summer?

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. Will the pharmacy accept my insurance?

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. We will contact you if the pharmacy is not on your plan. You will not be required to participate in the *CampMeds* program if your insurance will not pay for medicine dispensed by our pharmacy. It is *CampMeds* responsibility to verify the pharmacy is an in network provider for your insurance plan. You will be responsible for co-payments, deductibles and any over-the-counter requests not covered by insurance. If you have an insurance change, please email the updated insurance to CampMeds in order to avoid the credit card charges for the full cost of medication. All credit card charges from the pharmacy may appear as a separate charge *after* your child returns from camp.

5. Will my co pay be the same from the *CampMeds* pharmacy?

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your co pays will be the same as you pay at your local pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp if needed), there is no way for the pharmacy to determine in advance if the medication your child will be prescribed and/or the dose that is prescribed, will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. ***It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.*** Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child’s prescriptions to *CampMeds*.

6. What if I use a mail order pharmacy or have a 90-day prescription plan?

Usually our pharmacy can only dispense a 30-day supply of meds. You will be responsible for a 30 day co pay determined by your insurance plan. Please register at www.campmeds.com and follow instructions below:

- After registering, fax *CampMeds* a copy of both sides of your insurance card that covers the meds and note that you use a Mail Order pharmacy for your child’s medication. You must also reference the Camper ID you will receive at the end of registering.
- List the medications and dosages to be dispensed
- We will confirm that our pharmacy is a participating provider for your insurance plan and that we can dispense a 30 day supply of meds.
- If medication is needed prior to camp, count the number of days your camper will need before camp and request only that number of days be filled for home use.
- *CampMeds* will contact you to discuss details. If we are unable to dispense meds for your child, your registration fee will be refunded.

7. What if my child’s medication needs to be refilled while at camp?

Medication prescribed for “daily” use is automatically refilled by our pharmacy and sent to camp for campers attending over 30 days. Prescriptions must be written with refills. **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child’s medicine while at camp. This will cause your insurance to reject our pharmacy submission of your child’s medication claim, and you will be charged full price for meds dispensed.

Once your camper finishes any unused meds brought home from camp, along with any meds left at home prior to camp, you may then refill your child's medication. You will fall right back in to your refill cycle!

8. How are "as needed" medicines packaged?

CampMeds will pre-package "as needed" (PRN) medicine separately from daily meds. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact *CampMeds* if a PRN med needs to be refilled. Unused meds will be sent home at the end of camp.

9. What if I need to fill a prescription for my child before camp starts?

You may refill your child's medication anytime before camp, if necessary. In order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The pharmacy will not bill your insurance until camp begins.

10. I can only refill my child's medicine when he is down to his last pill. How can the pharmacy send the meds to camp before a refill is due?

The pharmacy will dispense the meds and send to camp prior to your child's arrival, but will not submit to your insurance until the day your child begins camp. If need be, the pharmacy will request a vacation override from your insurance company. On occasion, the pharmacy will resubmit the claim form on the appropriate date for reimbursement. Med charges may not appear on your credit card until your child returns from camp.

11. Why don't you dispense meds for the exact days of camp, rather than in 30 day increments?

Most insurance plans only reimburse for 30 days of meds per month, and you the insured, usually pay a co pay for each 30 day supply. If the Rx is written for less than a 30 day supply, your co pay will be the same cost as a 30 day supply. If the Rx is written for a 40 day supply because your child attends camp for 40 days, we will dispense a 30 day supply. The refill will be dispensed for the remaining 10 days which will cost the same as a 30 day supply.

12. Will non-prescriptions cost the same as I pay at my pharmacy?

The pharmacy is competitive in pricing however, there is no way to know if you will pay a few dollars more, or a few dollars less.

13. Can a half of a pill be packaged? Yes

14. My child takes a different dose of the same medicine every other day. Can it be packaged that way? Yes

15. Will the pharmacy dispense generic or brand?

Unless the prescription specifies "Brand Only", "Brand Medically Necessary" or "Do Not Substitute", the pharmacy will dispense generic. It is your responsibility to confirm the prescription is written correctly.

16. What if my child takes a "Controlled Substance" such as Concerta or Adderall?

An original prescription is required. For campers staying more than 30 days, an additional prescription for a 30 day supply of meds is required. It is against the law for a "controlled substance" to be refilled. **Please send a separate prescription for every 30 day supply.** All prescriptions for the child's camp stay should be received by *CampMeds* at the same time. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the *CampMeds* pharmacy. You may explain that we can accept two separate 30 day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may write both prescriptions each with a different date.

17. What if my child is placed on a prescription or non-prescription daily medication after the deadline date to register and submit prescriptions has passed?

CampMeds will always accommodate all campers at anytime. You may be asked to send your child with a small supply of meds as back up and the \$25 late fee will apply.

18. When will the pharmacy charge me for my camper's medications? Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until AFTER your camper returns home. Please notify us if your credit card information changes during the summer.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.—list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

The camper is undergoing treatment at this time for the following conditions: (describe below**)** None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Other treatments/therapies to be continued at camp: (describe below**)** None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed**)**

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Camp Huntington, Summer 2010
Over The Counter (OTC) Form – PHYSICIAN'S Signature Required

By Mail: PO Box, High Falls, New York 12440

Or, please fax back to: Fax: 845-853-1172

Camp Office Phone: (845) 687-7840

Annual permission for over the counter medication administration

O.T.C. Medications may be given to _____ as indicated below.

ALLERGIES _____

He/She may receive the following over the counter medications for no longer than 48 consecutive hours. The primary physician must then be contacted. A nurse/physician must be notified prior to administration of any oral medication if the staff has concerns regarding the person's condition. (Please cross out any meds you do not wish your patient to have.)

MEDICATIONS

ADMINISTRATION

Acetaminophen (Tylenol), 325 mg table _____ PRN for headache, pains, elevated temp.
2 tablets PO. Every 4 hours to a max. of _____ greater than 101 F. or pain
8 tabs per 24hour period

Ibuprofen 200mg tablets- 2 tablets Q6' PO _____ PRN for pain or fever

Cough Drops, lozenges q 4 hours (not to _____ PRN for complains of minor sore throat
Exceed manufacturers Dosage) _____ pain

Robitussin DM _____ 10cc, PO for cough q 4 hours

Milk of Magnesia suspension _____ 30cc liquid PO for constipation PRN

Dulcolax (5 mg tabs) _____ 1 tab as needed for constipation PRN
(many campers will not drink the MOM)

Immodium 2mg tabs _____ 4mg initially, then 2mg after each loose
stool (8mg max daily dose for 2 days) PRN

Pepto Bismol _____ 30cc PO q 4 hours PRN for upset stomach
Heartburn, or indigestion. Max of 4 doses, 24hrs

Mylanta Suspension _____ 15 ml PO PRN, indigestion, heartburn

Benadryl 25 mg tablet or liquid _____ 25 mg PO PRN for allergic reactions

Triple Antibiotic ointment _____ Apply sparingly to cut or abrasion BID, PRN

Calamine/Caladryl lotion _____ Apply sparingly to bug bites or rashes BID
Or hydrocortisone cream _____ PRN

Antifungal Spray or cream _____ Apply BID to jock itch or fungal rashes
Under breasts PRN, until cleared

Physicians signature _____ **Date** _____

Camp Huntington Summer 2010

MENINGOCOCCAL MENINGITIS VACCINATION

Please sign and return to camp office

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

La Ley de Salud Pública del estado de Nueva York requiere que el padre o apoderado de los niños que asisten a campamentos para niños por siete (7) o más noches consecutivas, deben completar y entregar el siguiente formulario.

Check one box and sign below/Marque uno de las casilleros y firme abajo.

- My child has had meningococcal meningitis immunization within the past 10 years.

Date received: _____

Mi hijo ha sido vacunado contra la meningitis meningocócica en los últimos 10 años.

Fecha recibida: _____

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

[Nota: Si su hijo recibió la vacuna contra la meningitis meningocócica disponible antes de Febrero de 2005 llamada Menomune™, por favor tome nota de que la protección de esta vacuna dura aproximadamente 3 a 5 años. La reimmunización con la nueva vacuna conjugada llamada Menactra™, debe ser considerada entre 3 a 5 años después de recibir Menomune™.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease. All meningitis information is available at the following websites for your review prior to signing this form:

http://www.health.state.ny.us/diseases/communicable/meningococcal/fact_sheet.htm

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

He leído, o se me ha explicado la información concerniente a la meningitis meningocócica. Entiendo los riesgos de no recibir la vacuna y he decidido que mi hijo no recibirá la vacuna contra la meningitis meningocócica. Toda información de meningitis está disponible en el sitio web siguiente para su revisión antes de firmar esta forma:

http://www.health.state.ny.us/diseases/communicable/meningococcal/fact_sheet.htm

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

Guardian Signature/Firma: _____ Date/Fecha: _____
(Padre / Apoderado)

Child's Name/Nombre del hijo: _____ Date of Birth/Fecha de nacimiento: _____

Address/Domicilio postal: _____

Phone Numbers: (home/cell): _____

Email Address/Correo electrónico del padre/apoderado: _____

Camp Huntington
PO Box 37,
High Falls, NY 12440

Ph: 866-514-5281
Fax: 845-853-1172

ONLY If your Child Has Asthma

Request for Additional Information About Your Child's Asthma

Camper: _____ Arrival Date: _____

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete this in consultation with your physician and return it to the address at the end of the form. Contact [insert name of person] at [insert phone number] with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About our Camp – **[Note: tailor this section to describe your camp's risk profile for people who have asthma. The following statements are provided as an example of what this might be.]**

1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person). Expect our camp's healthcare provider to place his/her initials on the inhaler(s). This is a visual cue to our staff that your medication needs to be with you.
3. Not all camp programs have an RN in residence. At minimum, a person trained in first aid, CPR and our camp's healthcare plan is available.
4. Our camp has access to a physician, clinic and hospital in our local community. Note that it takes at least [insert number] minutes to transport someone from camp to the next level of health care. Sometimes it may take longer.
5. Our Health Center has injectable epinephrine for emergency use. There is no oxygen tank at camp.
6. Staff are told that children with asthma are capable self-managers and that these campers know when to use their medication or amend activity to compliment their health status.

❖ ABOUT TRIGGERS . . .

- Exercise Fatigue
 Dehydration Stress
 Food Item Smoke
 Allergen _____
 Respiratory infections/common cold
 Other _____

What triggers your child's asthma? Provide details about the triggers, including things which cabin and activity counselors should be told.

❖ USING A PEAK FLOW METER . . .

We recommend using a peak flow meter to monitor your child's status and note signs of a potential flare before it is well established. Please have your child bring his/her peak flow meter.

When does this child do peak flow readings?

- Breakfast Lunch Supper Bedtime
 Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow) : _____

What should be done if this child's peak flow reading drops to the caution/yellow range?

Danger range (red zone): _____

What should be done if this child's peak flow reading drops to the danger/red zone?

❖ **ABOUT MEDICATIONS . . . [Tailor the wording in this section so it reads correctly for your camp]**

Medications are supervised by our healthcare staff and kept in the health center with the exception of inhalers that must be carried by the person. Medications are usually dispensed at mealtime and brought to the dining room so your camper doesn't have to interrupt his/her activity. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g., mid-morning, mid-afternoon).

These Medications Are Used Daily to Manage This Child's Asthma

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Taken "As Needed" to Prevent an Asthma Flare

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Used When This Child's Asthma Flares

Name of Medication	Dose Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to camp? YES NO
 IF YES . . . We expect the child knows when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in our health center and available when needed by your camper.

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: _____ Phone: _____

Name: _____ Phone: _____

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

❖ **AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

Return to:
 Camp Huntington
 PO Box 37
 High Falls, NY 12440

Your Signature and Print Name: _____

Relationship to Child: _____

Date: _____

For all **CAMP HUNTINGTON**, Summer 2010 participants, please read this:

PHOTOGRAPH RELEASE OF LIABILITY

I _____, (the "Parent/Guardian"), on behalf of myself and _____, (the "Camper") acknowledge that we wish to participate in the daily program photos that will be posted to our website, permission without which we will not be able to share daily photos of your child's participation at camp; and which may be also be used as promotional photographs taken by Aspen staff regarding the programs and activities **Camp Huntington** and Aspen Education Group (collectively "AEG") and other events (collectively hereafter the "Promotion"). We further authorize **Camp Huntington** to take and utilize the photographs of my son/daughter for the sole purposes of: on-camp photos, parent check-in to share photos with parents during the program, and with new families or program providers as they consider the Camp Huntington for their child/children, without any compensation to the Parent or the Student.

In consideration for being permitted to participate in the Promotion, we agree to waive our and the child's rights of publicity and privacy in connection herewith. We, the Parent/Guardian, do hereby agree to indemnify the Released Parties from any and all actions, causes of action known or unknown arising out of or in connection with claims and/or actions relating to or brought by or on behalf of the Camper.

The undersigned have carefully read this Waiver and Release and fully understand its contents. The undersigned certify that the undersigned Parent/Guardian is at least 17 years of age and is the legal guardian of the above mentioned Camper.

THIS IS AN IMPORTANT LEGAL DOCUMENT.
READ IT CAREFULLY BEFORE SIGNING BELOW.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

PRINT NAME OF CAMPER



Camp Huntington - 2010 Clothing and Camp Items List

Personal Belongings: Camp is an active outdoor setting. Please send clothes that are durable for outdoor use and washing, as they will get dirty and be well-worn at camp. We recommend you do NOT send expensive clothing, jewelry, or appliances, as the camp is not responsible for damage or loss. Warm clothing and a rain jacket are suggested. Bring machine washable clothes only; no dry cleaning please. Label with: your child's first initial, last name. **Laundry** is one once a week, please pack accordingly. We supply sheets, pillow, pillowcase, and blankets. Sending a child's favorite pillow and blanket may be advisable for their sense of home comforts, please label them if you send them, and please also expect some item loss or damage, as camp activities are outdoors. No cell phones or cameras of any type are permitted to be sent with a camper. We have a camp photographer and calling procedures.

Important: Many of our campers are going through puberty, and appropriate clothing is necessary! **Please do not send** any revealing clothing that is not appropriate, modest or suitable for children, such as shirts revealing one's stomach, breasts, lower back, including low cut or tight shirts, skin tight jeans or mini shorts/skirts. Underwear is to be worn at all times, including for women, bras under shirts. You will be asked to replace any inappropriate clothing. For women, only one-piece bathing suits to be worn at the pool, and for male campers, no speedo-style suits, only shorts style.

Weaponry, firearms, knives or any hazardous items are NOT allowed in cabins, bags or to be carried by a participant at camp. No sharp studded bracelets are allowed. Any such items found in belongings will be held in the main office and returned to you upon your final departure/end of employment.

Suggested Clothing List and Items for Camp (Label ALL with your child's name! and use a copy of this list as an INVENTORY form to send with your child.)

Clothing

2 prs. Pajamas (if worn)
1 bath robe (if worn)
2 sweatshirts
2 sweaters
1 jacket or windbreaker
1 long sleeve polo shirt
2 short sleeve polo shirts
8-10 prs. Socks
10-12 prs. Underwear
bras for girls (one week supply)

4 prs. shorts
7-10 T-shirts
2-3 prs. jeans or pants
2 swimsuits 1 piece for girls
1 sun hat or baseball cap
1 rain poncho or raincoat

1 sleeping bag (optional)
2 wash/face cloths
2 towels, 1 beach size
1 laundry bag-with name

Toiletries

soap and soap container
toothbrush/toothpaste
Comb/brush
plastic drinking cup (important)
shampoo
deodorant (if used)
shaving articles (if used)
Toiletry bag, labeled

Footwear/Head Protection:

1 pr. walking shoes or boots
1 pr. sneakers
1 pr. thongs for swimming area
1 extra pair of sneakers
1 baseball cap/sun hat
1 Sunglasses
1 extra pair of reading glasses

Horseback Riding: 1 pr. boots
(Timberlands are fine)
need ½ inch heel, minimum.

Required Camp 'Survival' Gear

water bottle, with child's name
flashlight and batteries for session
tissues
Stationary for letter writing
cosmetics (only if used)

Miscellaneous Required

mosquito repellent-2 cans
sun block or cream-2 bottles/tubes
envelopes, addressed-1 per week

Recommended Fun Items:

musical instruments, videos, dvds, etc
books, toys (no choking hazards)
crayons/markers/paper
games for free time/rainy days
1 bunk box for items storage(file storage size, no larger)

--Email recent photo of your child
--Email us your child's t-shirt size.

Camp Huntington – ***Camp Items and Instructions...important***
'To Send and Not To Send'...yes-music, no-cameras, yes-movies,
whencommunication, what-food and more....

Parents, please take care of how certain items are sent, or whether to send them at all...

Cell Phones: Campers will not be allowed to use cell phones at camp, and they may not keep them in their possession. We have had far too many incidents with them to control adequately. If you have any questions or concerns, please contact the director, who will aim to return your call with a 24-hour period. We only allow calls into camp on Sundays by parents or relatives and friends. Please remember to limit call times to 5-8 minutes so we can accept calls for the other 80 children attending. Any cell phones found in a camper's possession will be stored in our main office until they leave camp. Please take care to send only age-appropriate **music, movies** and **printed**

materials/magazines, photos, games, and toys to camp that children can view. Remove any music from an iPod or similar device you may be sending that has any explicit lyrics. Often for talent shows, campers plug their music devices into our sound system. If your child loves a particular song, then please replace any explicit lyrics with the clean version from iTunes or similar music download site. We will have to store any explicit items in the main office until you return to pick your child up, and your child will not have access to them during camp.

Cameras: We will use our photo site to share camp photos with you through a secure server system using supervisor-approved photos. No camper cameras are advised to be sent and if sent, the camp is not responsible for any damages. Cameras are not allowed to be kept in cabins. Campers bringing cameras will be told by our staff that they are to be stored in the program office. If a camper refuses, the camera will be sent home immediately. If this will be a problem for your child, do not send a camera with them. Stored cameras will be used only at scheduled activity times under close staff supervision. We've had too many incidents of campers taking inappropriate photos. If you send a camera, make sure your child's name is etched into it. Any unlabeled items may get lost. We use our film program cameras to involve campers in photo-taking and processing, filmmaking and editing.

Communications: Only authorized staff (directors and senior supervisors) will be able to email or call you during your child's stay at camp. If you currently have friendly contact with a staff member here, they will be receiving notice during our training week about this new communications policy and will be asked to cease any communications with you during a child's stay, and to relay information to a supervisor or director. On occasion, due to time demands, certain junior supervisors will be authorized to email or contact you. Please do not solicit information from them, as supervisors aim to manage communications with you personally. All communications must be approved by a director or program supervisor and any emails copied to them. Unauthorized staff emailing or contacting you (or you contacting them) outside this policy will receive a warning and the staff may be dismissed, and your child sent home, so please do not circumvent this policy. Communications from unauthorized staff do not represent supervisory staff observations, and cause misinformation and inaccurate incident reporting. We appreciate your cooperation with communicating only with supervisory staff while your child is at camp.

Food and other mailed gift-related item/care packages: Please do not send any high-sugar or unhealthy snacks; as a program, we are serving only healthy choices and teaching these options to campers. Also, for visiting day, please do not bring food-related items to camp as gifts that contain high-sugar levels or unhealthy ingredients.

Clothing: Please make sure to label everything you send to camp; our laundry ghost eats up all unlabeled clothing!

Our staffs are enthusiastic for your child's arrival. See you soon at camp!