

2022 Camp Goodtimes Application

Name:

Date of Birth:

Sex:

Camp Backup Plan: 2022

I acknowledge that camp plans may change at any time.

If we need to transition to the backup plan, would your family be interested in participating?

Camper Information

Preferred name at camp/nickname

This camper's pronouns are

Contact Information

Address

City

State/Province

Zip/Postal

Last year attended Camp Goodtimes?

Grade in school for the 2021/2022 school year?

T-Shirt Size

Flying from Alaska?

My child identifies as transgender or non-binary?

Requested bunkmates (campers are assigned to cabins based on age and gender)?

Families are responsible for getting themselves to Camp Burton on Vashon Island, which includes taking a ferry.

Do you have monetary or logistical challenges that you would like assistance with?

Annual combined household income

Race (for grant and internal diversity/equity/inclusion conversations)

Cell number to receive camp-related text messages

Please share anything about your child that the camp director and/or the cabin counselors will need to know; personality traits, challenges, fears, ways to engage/encourage them, etc.

Cancer Information

This child is a: Sibling, Bereaved sibling, Patient

Diagnosis #1

Treatment Status

Most recent diagnosis date

Medical Sign-Off Form

Any additional diagnoses?

Cancer Information (continued)

Emergency Contacts - Camper

Parent/Guardian #1 with legal custody to be contacted in case of illness or injury

Name

Relationship

Phone #1

Type

Email

Parent/Guardian #2 (optional)

Emergency Contact (in the event primary parent/guardian cannot be reached)

Name

Relationship

Phone #1

Type

Email

Current Conditions (Other than Cancer)

Medical

Visual impairments

Hearing impairments

Recurring/Chronic Illness

Diabetes

Seizures

Asthma

Eating disorders

Have a history of bedwetting?

Prosthesis

Motion/sea-sickness?

Bleeding/clotting disorders

Recent injury or concussion (within the last 6 weeks)

Recent infectious disease (within the last 6 weeks)

Bone marrow transplant in 12 months prior to camp dates

Any suicide attempts, suicidal thoughts, or hospitalization for suicidal thoughts in the last 12 months?

Other

Social/Emotional

Social/developmental age lower than calendar age/grade level

Current Conditions (Other than Cancer) (continued)

ADD/ADHD

Autism spectrum or similar

Defiance disorder or issues with authority

Treatment for emotional/behavioral difficulties

Seen a professional to address mental/emotional health in the last 12 months

Other than cancer, had a significant life event that continues to impact their life (ex. abuse, divorce, foster care, survived disaster, death of a loved one)

Learning disabilities

Other

Special Assistance

Dressing/showering

Eating

Toileting

Difficulty walking medium to long distances

Will be attending camp with a wheelchair

Other

Has severe mobility, sight, or cognitive challenges and will need a 1-on-1 aid to participate in camp?

Health History

Height/Weight

Health History

Ever been hospitalized?

Ever had surgery?

Had asthma/wheezing/shortness of breath?

Passed out/had chest pain during exercise?

Has had seizures in the past, but not a current health concern?

Had fainting or dizziness?

Had headaches?

Have problems with diarrhea/constipation?

Have problems with falling asleep/sleepwalking?

Wear glasses, contacts, or protective eyewear?

Wear teeth/oral appliances (retainers, etc.)

Ever had back/joint problems?

Have any skin problems?

Had "mono" in the past 12 months?

Traveled outside the country in the past 9 months?

Health History (continued)

Have problems with periods/menstruation?

Frequent infections? (UTI's, ears, etc.)

Other/Special Conditions?

Allergies

Diet & Activity

Diet Restrictions

Any diet restrictions?

Lactose Intolerant?

Peanut Allergy?

Vegetarian?

Gluten Free?

Other?

Family will be providing meals/supplemental food due to dietary restrictions?

Activity Restrictions

Is the participant a capable swimmer?

Any activity restrictions?

Please describe any limitations, restrictions, or areas of concern related to the participant's activity level.

Immunization History - Camper

Diphtheria, tetanus, pertussis (DTaP)

Dose 1 received?

Dose 2 received?

Dose 3 received?

Dose 4 received?

Dose 5 received?

Tetanus Booster (dT or TdaP)

Dose 1 received?

Mumps, measles, rubella (MMR)

Dose 1 received?

Polio (IPV)

Dose 1 received?

Dose 2 received?

Dose 3 received?

Immunization History - Camper (continued)

Dose 4 received?

Pneumococcal (PCV)

Dose 1 received?

Dose 2 received?

Dose 3 received?

Dose 4 received?

Hepatitis A

Dose 1 received?

Dose 2 received?

Hepatitis B

Dose 1 received?

Dose 2 received?

Dose 3 received?

Varicella (Chicken Pox)

Chicken pox

Meningococcal meningitis (MCV4)

Dose 1 received?

Seasonal Influenza

Has this participant been vaccinated for Seasonal Influenza?

Medications

Names, doses, etc.

Treatments

Broviac/Hickman

Port-a-cath

PICC line

Ostomy

Ommaya/VPShunt

Feeding tube

Special care needs (dressing changes, formula, flushing, etc.)

Healthcare Providers

Medical Insurance Information

Camper is covered by family medical/hospital insurance?

Employer State

Insurance Card Upload

Camper Pick-Up

Authorized Adult #1

Authorized Adult #2

COVID Emergency Pickup (someone who can pick camper up the same day)

Code of Conduct

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The goal of Camp Goodtimes is to provide a safe, fun, and positive experience for campers, Camp Goodtimes staff, and Camp Burton staff. As a Camp Goodtimes camper, I realize that I play a valuable role in attaining this goal and I promise to abide by the following guidelines:

1. I will obey the camp rules.
2. I will treat camp staff, campers, and the facility with respect.
3. I will leave camp better than I found it.
4. I will participate in camp activities to the best of my abilities.
5. I will listen to others.
6. I will not bring any items from the "Do Not Bring" packing list, including cell phones, electronics, weapons, tobacco or vape products, or drugs or alcohol.
7. I will not be a bully and I will not participate in bullying behavior of any kind.
8. I will not engage in exclusive or intimate relationships at camp.
9. I will not use violence against other campers or staff.
10. I will not use or possess alcohol, narcotics (unless prescribed), tobacco, vape, or intoxicants.

If I have difficulties upholding this code of conduct, I am aware there will be consequences for my behavior. If I am unable to abide by these guidelines I realize:

1. I will spend a time-out period with a member of the administrative staff.
2. If I continue to have difficulties, documentation of the incident and a written action plan for improvement will be developed and implemented—a copy will go in my camper file. I will spend another time-out period with a member of the administrative staff, and contact will be made with my parent(s) or guardian(s). The staff person and I will discuss the situation with them.
3. If I continue to have problems abiding by the guidelines listed above, and cannot follow the action plan I helped create, I know I will have to leave camp.

Camp Goodtimes reserves the right to dismiss any camper at any time, depending upon the severity of their infraction.

I have reviewed this Code of Conduct and have discussed it with my child.

Publicity Release

Participant does hereby grant and convey unto The Goodtimes Project (GTP) all right, title, and interest in any and all photographic images and video or audio recordings made by GTP during the Participant's Activities with The Goodtimes Project including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Participant hereby releases, discharges and agree to save harmless GTP and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of Participant's likeness, including, without limitation, claims for libel or invasion of privacy.

This material may be used with or without using participant's name or by using their initials. The Goodtimes Project may use these materials in its entirety or in part. Participant understands that the publication or otherwise use of these materials is not subject to inspection or approval. The materials may be used in various forms of media, including print, video, or audio.

Participant agrees that they will not be compensated for the use of these materials. Any picture or photograph supplied to and/or taken by The Goodtimes Project shall be and remain the property of The Goodtimes Project.

Participant also states that they have not given any person or entity the exclusive right to use their name, life story, picture or any other information.

Permission Form

I hereby request and consent that my child or ward be permitted to travel to and from and participate in the following program of THE GOODTIMES PROJECT: CAMP GOODTIMES.

I agree to and understand the following:

1. My child or ward may be accompanied and transported by The Goodtimes Project (GTP) officials sponsoring the Camp and/or Camp Activities; however, neither GTP, nor its employees, agents, or volunteers assume any liability whatsoever by such accompaniment or transportation. My child or ward may travel to and/or from the Camp without accompaniment by said GTP officials; however, neither GTP, nor its employees, agents, or volunteers assume any liability whatsoever by not accompanying or transporting my child or ward, even if the travel expenses of my child or ward are paid in whole or in part by GTP.
2. I agree that neither GTP, nor its employees, agents, or volunteers associated with the GTP Camp and/or Camp Activities shall be held responsible for any injuries or damages that occur while my child is traveling to or from such GTP Camp and/or Camp Activities or during the time my child is in attendance at or is participating in the GTP Camp and/or Camp Activities. I do hereby hold harmless GTP, its employees, agents, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance at or participation in the GTP Camp and/or Camp Activities.
3. In consideration of this camping opportunity, applicant does thereby agree to indemnify and hold The Goodtimes Project and GTP Camp harmless from any claims for accident or injury sustained by the camper named in this form while attending or participating in any GTP Camp program on or off the GTP Camp premises.
4. In the event I cannot be reached in an emergency, I hereby authorize any GTP employee, agent, volunteer, or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child and to share my child's medical information with camp staff and volunteers when necessary for medical needs. I further agree that no GTP employee, agent, volunteer, or designated chaperone will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child. I do hereby agree to indemnify and hold harmless GTP and any GTP employee, agent, volunteer, or designated chaperone from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

5. The nature of the GTP Camp (Camp Goodtimes) and/or Camp Activities has been reviewed with me, and I hereby give my approval for participation.

This form must be signed by a custodial parent/guardian.

COVID Essentials

Dose 1 received? (No exemptions; first two doses are required)

Dose 2 received?

Booster received? (Highly recommended at the time of launch; may become a requirement nearer to camp)

Proof of COVID Vaccination

Acknowledgement & Waiver

By attending Camp Goodtimes, I understand that there is an inherent risk to potentially contracting COVID-19 even with the restrictions, policies, and cleansing/sanitation efforts implemented by both Camp Burton and The Goodtimes Project. I understand that I/my family are not guaranteed that COVID-19 will not enter this camp/facility nor that I/any family member will not contract it.

I also agree on behalf of this camper that they/I will:

- * Not attend if symptomatic (including fevers, loss of taste and smell, flu-like symptoms), have COVID-19, or have been in close contact/exposed to a COVID-19 positive person within the 10 days leading up to camp.
- * Refrain from engaging in medium to high-risk behaviors leading up to the camp session, including attending large gatherings and international travel.
- * Consent to a Rapid Antigen COVID test at camp check-in and additional tests during camp as warranted.
- * Wear a mask while at Camp Burton (including outdoors) except for in their assigned cabin or when eating.
 - * Note: Masks need to be well-fitting, multi-layer disposable or fabric masks that cover the nose and the mouth (bandanas and gaiters are not permitted).
- * Participate in daily health checks and will notify Camp Goodtimes staff if they become symptomatic during camp.
- * Remain in their assigned pod/cohort while accommodating adequate physical distance from other campers and Camp Burton and Goodtimes Project staff.
- * Notify The Goodtimes Project if they test positive for COVID within 7 days of departing camp.
- * Adhere to all WA State, Camp Burton, and Goodtimes Project COVID rules and regulations.
- * Sign a COVID waiver upon arrival at camp.
- * Not hold The Goodtimes Project or Camp Burton liable in the event my camper/any family member contracts the COVID-19 virus.

By typing my name, I acknowledge these risks and requirements and state that as the parent/legal guardian I choose to send my child to Camp Goodtimes. Additionally, I understand that guidelines and protocols may change between now and the camp dates to ensure the safety of all involved.

Resources

Authorization

I hereby authorize employees and representatives of The Goodtimes Project and Camp Goodtimes to review this application and the information contained herein for the purpose of determining eligibility for camp and to ensure that the volunteers/employees at Camp Goodtimes can meet the applicant's needs in order to provide a safe and successful camping experience.

I understand that this application does not guarantee acceptance to camp. Official invitations/acceptance notices will be sent in the late April/May timeframe to the email address used to log in to CampDoc (this application system). Acceptance to camp is based on our review of your camper's completed health profile, our ability to serve your child's needs, capacity constraints, and cabin assignments based on age and gender. It is understood that, if accepted, my child will attend the full week of camp, unless prior arrangements are made directly with the camp director.

The health history contained within is correct and accurately reflects the health status of the individual to whom it pertains. The person described has permission to participate in all camp activities except as noted above and/or by an examining licensed medical professional. I give permission to the licensed medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of the individual for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the licensed medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the individual. 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 the described individual's health record from providers who treat them and these providers may talk with the program's staff about the described individual's health status.

To the best of my knowledge, all information included herein is accurate and true. The Goodtimes Project/Camp Goodtimes and its representatives have the right and authority to rely on the information contained therein. I may be required to provide supporting documentation. I further recognize that The Goodtimes Project/Camp Goodtimes and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

This form must be signed by a custodial parent/guardian.

Important Dates & Times