

# 2022 Kayak Adventure Camp Application

Name:

Date of Birth:

Sex:

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## Camper Information

Preferred name at camp/nickname

This camper's pronouns are

### *Contact Information*

Address

City

State/Province

Zip/Postal

Is this camper's first time attending Camp Goodtimes Kayak Camp?

Email—where camp-related messages should be sent

Age at Camp

I (the camper)/my child identifies as transgender or non-binary?

Campers/families are responsible for getting themselves to the camp drop-off/pick-up location in either Seattle or Anacortes. Do you have monetary or logistical challenges that you would like assistance with?

Race (to be used for grants and internal equity/diversity/inclusion conversations)

## Kayak Camp Overview & Expectations

Have you ever been Kayaking before?

Carry equipment and personal belongings from the beach to the camp site (30–100 yards).

Assist in the set-up, preparation, and clean-up of camp and meals.

Paddle 3–5 hours per day.

## Emergency Contacts - Kayak Camp

*Contact #1*

*Contact #2*

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## **Cancer Information - Kayak Camp**

Confirm that you are a cancer patient currently off treatment for at least 10 months.

Diagnosis/Type of Cancer

Date of Diagnosis:

Date Treatment Ended

Have you experienced relapse?

Broviac/Hickman

Port-a-cath

PICC Line

Ostomy

Ommaya

Feeding Tube

## **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

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

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## Current Conditions (Other than Cancer) (continued)

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?

Have problems with periods/menstruation?

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

Have Heart Defect/Disease?

Have Psychological conditions?

Other/Special Conditions?

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## Allergies

*No allergies listed*

## Diet & Activity

### ***Diet Restrictions***

**Any diet restrictions?**

**Lactose Intolerant?**

**Peanut Allergy?**

**Vegetarian?**

**Gluten Free?**

**Vegan?**

**Avoid Pork?**

**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.**

## Immunizations - Kayak Camp

**DTaP or TDaP (Diphtheria, Tetanus, Pertussis)**

**MMR (Mumps, Measles, Rubella)**

**IPV (Polio)**

**PCV (Pneumococcal)**

**Hepatitis A**

**Hepatitis B**

**MCV4 (Meningococcal)**

**Varicella (Chicken Pox)**

## Medications

## Healthcare Providers

### ***Medical Insurance Information***

**Camper is covered by family medical/hospital insurance?**

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**SeaQuest Questionnaire**

Seaquest Questionnaire

**SeaQuest Participant Waiver**

Seaquest Participant Waiver

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

I agree to and understand the following:

1. I or 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. I, or 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 I or my child is traveling to or from such GTP Camp and/or Camp Activities or during the time I or 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 or 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 me or my child and to share my or 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 me or 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 (Kayak Adventure Camp) and/or Camp Activities has been reviewed with me, and I hereby give my approval for participation.

This form may be signed by the camper if 18+ or a custodial parent/guardian.

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## 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**

**IF Goodtimes requires a COVID PCR test prior to camp, and**

**IF we utilize a third-party vendor to handle logistics and**

**billing, do you authorize Goodtimes to share your health**

**insurance information for billing purposes?**

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### Acknowledgement & Waiver

By attending Kayak Adventure Camp, 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 Sea Quest 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 or for myself 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 when requested to by camper leaders or Sea Quest staff.
  - \* 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 staff if they become symptomatic during camp.
- \* Notify The Goodtimes Project if they test positive for COVID within 7 days of departing camp.
- \* Adhere to all WA State, Sea Quest, and Goodtimes Project COVID rules and regulations.
- \* Sign a COVID waiver upon arrival at camp.
- \* Not hold The Goodtimes Project or Sea Quest liable in the event I/any family member contracts the COVID-19 virus.

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

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**Resources****Authorization**  
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I hereby authorize employees and representatives of The Goodtimes Project/Kayak Adventure Camp 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 Kayak Adventure Camp 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 June timeframe. Acceptance to camp is based on our review of this camper's completed health profile, our ability to serve this camper's needs, and capacity constraints.

This health history 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. 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/Kayak Adventure Camp 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/Kayak Adventure Camp 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.