



American Red Cross
Eastern Pennsylvania Region

2018 Camp Save-A-Life (Youth ages 10-14)

“Make new friends while learning to keep your old friends safe!”

Camp Save-a-Life provides youth with the opportunity to learn valuable disaster preparedness techniques and leadership skills. Youth will become certified in CPR and First Aid, and most importantly, they will have fun while learning how to keep their families safe!

Week ONE: June 25- June 29
Week TWO: July 9 - July 13
Week THREE: July 16 - July 20
Week FOUR: July 23- July 27
Week FIVE: July 30- August 3
Week SIX: August 6 - August 10
Week SEVEN: August 13- August 17

9:00 am - 3:00 pm: Red Cross House
4000 Powelton Avenue, Philadelphia, PA 19104

Registration Deadline: **Friday, June 22**
(Applications will not be accepted after June 22, 2018)

*Please note: choose only ONE week for your child(ren) to attend
Each child(ren) must have their own application.

Space is limited. Applications are accepted on a first come, first served basis. The Camp is free of charge and participants will be provided with a snack and lunch daily. If your child(ren) has any food allergies, it is highly recommended that the child(ren) bring lunch from home.

Please submit completed application(s) with proof of child(ren) age (e.g. copy of birth certificate, passport, etc.), to:
Monica Wildes, Volunteer Specialist
2221 Chestnut Street, Philadelphia, PA 19103
or via email to: Monica.wildes@redcross.org
Electronic signatures will NOT be accepted.

PARTICIPANT PROFILE

Last Name (Print): _____

First Name (Print): _____ MI: _____

Suffix: (e.g. JR, SR, etc.) _____ Age (while at camp): _____

Date of Birth: _____ / _____ / _____
month day year

Gender: Female Male

Home Address: _____

City: _____ State: _____ Zip Code: _____

Grade: (in September 2018) 4TH 5TH 6TH 7TH 8TH 9TH

School Name: _____

City: _____ School District: _____

Camp Week: Please select (one) week.

Week One, June 25 - June 29 _____

Week Five, July 30 - August 3 _____

Week Two, July 9 -13 _____

Week Six, August 6 - 10 _____

Week Three, July 16 -20 _____

Week Seven August 13 - 17 _____

Week Four, July 23 -27 _____

SPECIAL INSTRUCTIONS:

(example: Grandmother will be picking John Doe up after camp.)

Parent/Guardian Signature: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email **(MUST BE PROVIDED)**: _____

Parent/Guardian

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email **(MUST BE PROVIDED)**: _____

Additional Emergency Contact

If you (the parent/guardian) cannot be reached in the case of an emergency, please list an additional person whom we can contact. If you can't be reached, this individual may be asked to make medical decisions for your child on your behalf.

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

MEDICAL INFORMATION

Please fill out the following questions to the best of your knowledge. Please indicate "no" in the space if the participant has none of the conditions listed in that question.

1. Medications (Please include prescription and over-the-counter medications.)

2. Allergies (Please list any allergies to medications, bug bites/stings, food, etc.)

3. Medical conditions in which we should know about (i.e. asthma, diabetes, heart disease, recent surgery, past/present seizures.)

4. Family history of diseases (in case your child displays any symptoms.)

5. Are all immunizations up to date? Yes No

MEDICAL INSURANCE INFORMATION

Note: No one will be excluded from participation due to the lack of health insurance.

Name of Insured (name on the card):

Company or Plan:

Phone

Address:

City: _____ State: _____ Zip: _____

Policy # : _____ Group # : _____

- Primary
- Secondary

This plan is considered (please check one of the following):

- HMO (Health Maintenance Organization)
 - PPO (Preferred Provider Organization) Other: Please specify: _____
- Participant Agreement and Parental (Guardian) Waiver/Consent

I, the undersigned, give my permission for the below named youth to attend the 2018 American Red Cross Camp Save-A-Life at the Red Cross House, 4000 Powelton Avenue, Philadelphia 19104, Pennsylvania from:

June 25 – June 29	July 30 - August 3
July 9 -13	August 6 - 10
July 16 - 20	August 13 -17
July 23 - 27	

In the event of an emergency, if neither parent/guardian nor the person(s) on emergency contact section can be reached, I hereby authorize the Red Cross Adult Staff, and/or hospital doctors/personnel (if participant needs hospital care) to take any action deemed necessary for the best interests of the below named youth for whom I am responsible.

I, the undersigned, know that participation in certain activities of the American Red Cross Camp Save-A-Life could be potentially hazardous. I will not participate in any activities of the Camp Save-A-Life unless physically able. I certify that my physical condition will enable me to participate in the Camp Save-A-Life. Further, I agree to abide by any decision of the staff relative to my ability to participate in any activity of the Camp Save-A-Life.

I, the undersigned, give my permission for my daughter/son to administer his/her own prescription and /or non-prescription medication that s/he will bring to the American Red Cross Camp Save-A-Life. I understand that the American Red Cross and/or Red Cross staff will not be responsible for dispensing, tracking, or administering these medications.

I, the undersigned, hereby agree to abide by the rules and regulations of the American Red Cross and elect to participate in the American Red Cross Camp Save-A-Life at my own risk, and in consideration for being allowed to participate in the American Red Cross Camp Save-A-Life, I do hereby release and discharge the American Red Cross, its assignees, officers, agents, employees, and officials from any and all liability (including, without limitation, personal injury and property damage) that may be incurred by me (or my minor child) as a result of participation in the American Red Cross Camp Save-A-Life, except where the same is caused by the willful misconduct of the American Red Cross.

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Numbers: _____ home _____ cell

Date: _____

SPECIAL EVENT
PARENTAL/GUARDIAN CONSENT

_____, a minor, wishes to participate in Camp Save-A-Life, on (insert week here) _____ at the Red Cross House, 4000 Powelton Avenue, Philadelphia, PA 19104 with the American Red Cross. As the minor's parent/guardian, I hereby consent to his/her participation.

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the American Red Cross permission to seek medical attention for the child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

I understand that the child may be photographed during the course of Camp Save-A-Life. I grant full and unlimited permission to the American Red Cross, and its agents and affiliates, to use the minor's name, photographs or any other record of participation in Camp Save-A-Life in any broadcast, telecast or other account of the camp for publicity purposes, without compensation, by placing my initials here. _____

TRANSPORTATION

As the parent/guardian of _____, I hereby consent to him/her being transported to Swimming Safety Basics on (insert week here) _____ at the West Philadelphia Branch of the YMCA by the American Red Cross.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian