



**FREE  
FUN  
SAFE**

**2009 FAMILY CAMP  
JULY 2 – 5, 2009**

**CAMP APPLICATION AND INFORMATION**

“Camp BRIDGES has made our life much happier. We have been able to escape from some of the everyday problems. Last year was our first year and we had so much fun bonding with other people who have been where we are.” – *April, Transplant Mom*

“I loved to see a smile on these kids faces. They have been through so much. And it means a lot to me to know so many people care. I Thank all of you with all my heart” – *Mitch, Transplant Dad*

***Register for Family Camp by June 25, 2009!***

***[www.campbridges.org](http://www.campbridges.org)***

*NOTE: Teen Camp Registration deadline is May 26<sup>th</sup>!*



2009 Family Camp  
July 2 – 5, 2009  
[www.campbridges.org](http://www.campbridges.org)



## From My Family To Yours

Dear Families,

I'm Linda Gunter, a member of the Camp Bridges board whose teenage daughter Vallie received a kidney transplant six years ago.

I'm writing to invite and encourage you to join us and others for Family Camp during the Fourth of July weekend at Children's Harbor retreat on Alabama's Lake Martin.

Our family has made this trip several times, and we look forward to making it many more even now that Vallie is a three-year veteran of Teen Camp. We've made friends, learned a few things about ourselves and our children and forged better relationships with the doctors, nurses and others who treat our daughter in clinic.

If you have been to Family Camp, I probably don't need to say anything more than expect the usual boating, family meals, swimming and tubing, plus games, crafts and evening events for each day of camp.

If this is your first trip, I can give you two more great reasons to come to Family Camp—it's safe and it's free.

Just complete and return the application. Then plan to have a tremendous amount of fun, in and out of the water, and find some quiet time to reflect and relax.

See you there,

Linda Gunter  
Camper Parent



2009 Family Camp  
July 2 – 5, 2009  
[www.campbridges.org](http://www.campbridges.org)



# Welcome To Camp

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Dear Parent/Guardian,

This year's Camp BRIDGES family camp for those who have had a transplant and their families at Children's Harbor promises to be a great experience for all attending. We are planning games, crafts and evening events for each day of camp. We will also have many volunteers who will help to provide supervision and fun for the kids while the parents have some time to themselves!

Enclosed is the registration package for this year's camp. Please complete the forms and return them to us as soon as possible. The forms can be sent to:

Cindy Richards, BSN, RN, CNN  
1600 7<sup>th</sup> Avenue South, ACC 404  
Birmingham, Alabama 35233

Mail packets in by June 25, 2009. FAX- 205-558-2319 (can be faxed up until 4pm Mon June 29, 2009 if you absolutely can not mail them in)

Camp will begin Thursday, July 2, 2009, at 7pm and camp will end Sunday, July 5 about 10am.

You will need to plan to bring the enclosed items, and please only bring immediate family members. We have so many who would like to attend camp that we are getting close to not having enough space!

The staff is very excited about this year's camp and you being there. Please call Cindy at 205-939-6794 or Wanda Hawkins at 205-939-5954 with any questions.

Sincerely,

Cindy Richards, BSN, RN, CNN  
Renal Transplant Coordinator

Wanda Hawkins, MSW, LGSW  
Transplant Social Worker



2009 Family Camp  
July 2 – 5, 2009  
[www.campbridges.org](http://www.campbridges.org)



## **Campers Personal Item List** *(Please Label All Items)*

- Sleeping bag or 2 sheets**
- Pillow
- Blanket
- Pajamas
- Tennis shoes and an extra pair of comfortable shoes
- Summer play clothes
- Bathing suit
- Sweater or jacket
- Long pants (for night wear)
- Rain poncho/umbrella
- Towels
- Wash cloths
- Beach towel
- Soap
- Deodorant
- Shampoo
- Toothbrush
- Toothpaste
- Comb/brush
- Suntan Lotion – At least SPF 15
- Insect repellent
- Flashlight with batteries
- MEDICINE FOR 7 DAYS LABELED WITH CAMPERS NAME** (Please include all medicine even if not taken except when needed)

\*Camp Bridges is not responsible for camper's personal property

## **CAMP BRIDGES RULES**

- Cooperate with an obey all leaders' instructions
- Attend the meetings
- No guys in girls' rooms and vice versa
- No smoking, drinking, or dipping
- No fireworks
- No weapons
- No leaving the lodge after lights out
- Clean-up rooms each night; unplug curling irons, rollers, etc., when leaving the room
- No swimming or water activities outside of scheduled times
- No leaving designated camp areas
- "WHEN IN DOUBT ..... DON'T"
- No one in kitchen without supervision.
- Each camper is responsible for his/her own stuff.
- During the camp, no camper will be allowed to leave the camp without staff supervision.



2009 Family Camp  
 July 2 – 5, 2009  
 www.campbridges.org



## BRIDGES Family Camp Registration

C/O Cindy Richards, RN  
 Children's Hospital  
 1600 7<sup>th</sup> Ave S, ACC 404  
 Birmingham, AL 35233

Parent/ guardian's Name (s) \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
 \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Please enter Name, Age ,Sex, and T-shirt Size of each Child/ Minor Attending:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

### Fill out for your child with transplant/ Dialysis

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergy restrictions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Any Medicines: \_\_\_\_\_

### Parents are responsible of Administering all medicines

#### HEALTH HISTORY: (does your child have a history of the following?)

History of Seizures:  Yes  No Date of Last Seizure:  
 History of Heart Disease:  Yes  No Describe:  
 Problems with Breathing:  Yes  No Describe:  
 Learning Disabilities:  Yes  No Describe:  
 Behavioral Problems:  Yes  No Describe:  
 Bladder Control: All times  Yes  No, Daytime  Yes  No, Nighttime  Yes  No,  
 Comments:

In & Out Caths:  Yes  No  
 perform his/her own caths.

If yes please comment on schedule and can the camper



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



**Persons to Notify in Case of Emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Insurance: \_\_\_\_\_

**(Please enclose copy of Insurance & Medicare cards)**

**Dormitory Arrangements**

My child \_\_\_\_\_ will \_\_\_\_\_ will not need to have same sleeping arrangements as myself.

I would prefer my family have shared sleeping arrangements. Yes \_\_\_ No \_\_\_

**PARENTS ARE RESPONSIBLE FOR ADMINISTERING ALL MEDICATIONS**

Are there any concerns or problems we need to be aware of? (Temper tantrums, bed wetting, fear of the dark, etc?) \_\_\_\_\_

Parent/ Guardian Authorization: this health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities unless noted.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



## Sibling Camper Form

Please feel free to make as many copies as you need of this form- please fill one out for each sibling attending camp

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Male \_\_\_ Female  
DOB \_\_\_\_\_

Has the child had any recent illnesses or hospitalizations? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Date of last physical \_\_\_\_\_ General Health \_\_\_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Date of last tetanus shot \_\_\_\_\_ TB Test \_\_\_\_\_

Hospital/Doctor's Name/ Phone  
Number \_\_\_\_\_

### PARENTS ARE RESPONSIBLE FOR ADMINISTERING ALL MEDICATIONS

Are there any concerns or problems we need to be aware of? (Temper tantrums, bed wetting, fear of the dark, etc?) \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Authorization: this health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities unless noted.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



**Parental/Guardian  
Permission, Release, and Hold Harmless Agreement/ for Camper at the Children’s Harbor  
Camp Facility**

I/we are the natural parent(s), legal guardian (s), and/or managing conservator(s) of, a minor child who will be a camper at Children’s Harbor, Inc., a camp located on Lake Martin, Alabama, from July \_\_\_\_, 20\_\_ to and including July \_\_ 20\_\_\_. I/we hereby give our permission for

\_\_\_\_\_,  
\_\_\_\_\_ to stay at the camp, participate in all camp activities, and to be transported back from the camp. Furthermore, I/we release, acquit and covenant to hold harmless The Bridges Foundation, Children’s Harbor, Inc., University of Alabama, and The Children’s Hospital of Alabama, their respective staffs, servants, employees, agents, directors, officers, board members, trustees, volunteers and all persons directly, indirectly, or individually involved with the care of the above named minor child including their heirs, successors or assigns and any and all other persons and entities in privity with them against any and all claims, grounded in any legal theory, including, but not limited to, losses, costs, damages, compensation, medical bills, damages to property, injuries or death resulting to said minor child as a result of said minor child’s stay at and/or participation in said camp (including all camp activities) and transportation to and from said camp. This includes any claims which the said minor child might bring against the above named entities and individuals upon said child reaching majority. In case of medical emergency or necessity, I/we give permission for said child to be treated as deemed medically necessary by the nursing and/or camp personnel at the event. Further, I/we give permission to assist in the administration of or administer routine medical care as necessary, including, but not limited to, the administration of medications indicated on the Camper Application form or subsequently prescribed in accordance with this Agreement.



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



This **Permission, Release, and Hold Harmless Agreement** contains the entire agreement between the parties hereto and the terms of **Permission, Release, and Hold Harmless Agreement** are contractual in nature and are not mere recital. I/we further state that I/we have read the foregoing **Permission, Release, and Hold Harmless Agreement**, fully understand it and all its provisions and obligations and sign it willingly as my or our own free act and deed.

Signed on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Individually and as Natural Parent, Managing Conservator, Legal Guardian and Next Friend of a minor.



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



**PHOTO/VIDEO RELEASE FORM**

I consent for \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

**To be photographed Filmed and\or interviewed. And further agree that this material may be used for promotional, educational and /or scientific publications, television broadcast and print media. I hereby release BRIDGES Foundation of all liability in its actions under this permit.**

Signature (If under 18 Parent or Legal guardian):

\_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**(OFFICIAL USE ONLY)**

Title of Publication: \_\_\_\_\_  
Date to be released: \_\_\_\_\_

**Description of Patient/ People in shot:**

Age: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
\_\_\_\_\_ Sent family a copy



2009 Family Camp  
 July 2 – 5, 2009  
 www.campbridges.org



**Notice:** The following must be signed by the parent(s) or legal guardian(s) of a **minor child** who is a guest at **Mariners' Adventure Camp** at Children's Harbor.



## Agreement Not To Sue and Indemnity Agreement

The undersigned, being of legal age and the parent/parents or legal guardian/conservator of \_\_\_\_\_, a minor, in consideration of the use of the premises, facilities, and programs of Children's Harbor, Inc., specifically use of **Mariners' Adventure Camp**, whether on the actual premises of Children's Harbor, Inc. or elsewhere, its agents, successors, officers, employees, directors, and Board that I, whether individually or in representative capacity, will never institute any suit, action at law, claims or make any claims against Children's Harbor, Inc., its successors, officers, employees, directors, or Board for or by reason of any damage, loss, or injury either to person or property developed or undeveloped, resulting or to result, known or unknown, which I, my heirs, executors, or administrators hereafter can, shall or may have for, on or by reason of any matter, cause or things whatsoever, whether arising prior to this Agreement or after this Agreement is executed.

And in further consideration of the above stated, I hereby agree to indemnify and save harmless Children's Harbor, Inc., its agents, successors, officers, employees, directors or Board against any claims for damages, compensatory or otherwise, on the part of me or my heirs, executors or administrators and to reimburse any loss or damages or costs that Children's Harbor, Inc., may have to pay as a result of litigation arising on account of any claims, actions at law or judgments instituted or obtained on behalf of me.

I/We further warrant that I/we are the parents/custodial parent or legal guardian/conservator of said minor child and have the legal authority to enter into this Agreement not to sue and to indemnify.

I/We hereby give consent for said minor child to be **photographed, filmed and/or interviewed**, and further agree that this material may be used for promotional or educational purposes in publications, television broadcast and print media.

I/We have read this entire Agreement, and, fully understanding its terms, covenants and conditions, have voluntarily signed on behalf of myself.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Guest (Please print)

\_\_\_\_\_  
 Guest (Signature)

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, & Zip

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Witness (Signature)



2009 Family Camp  
July 2 – 5, 2009  
www.campbridges.org



### PHYSICIAN/NURSE FORM

*This form is to be filled out by your physician or nurse*

Camper's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Most Recent Vital Signs: \_\_\_\_\_ Ht, \_\_\_\_\_ Wt, \_\_\_\_\_ B/P, \_\_\_\_\_ Pulse

Dietary Restrictions:

Most Recent Labwork (Within 1 Month)

BUN \_\_\_\_\_ Cr \_\_\_\_\_ Na \_\_\_\_\_

K+ \_\_\_\_\_ CO<sub>2</sub> \_\_\_\_\_ Hct \_\_\_\_\_

ALT \_\_\_\_\_ AST \_\_\_\_\_ PT \_\_\_\_\_

PTT \_\_\_\_\_ CyA \_\_\_\_\_ Prograft \_\_\_\_\_

Date of Last Hospitalization Reason for Admission:

In your opinion is this person physical able to participate in camp?  Yes,  No

Can this person swim in the lake? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can this person swim in the pool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

Please attach a copy of last History/Physical:

\_\_\_\_\_  
Signature



2009 Family Camp  
July 2 – 5, 2009  
[www.campbridges.org](http://www.campbridges.org)



## FINAL CHECKLIST

That's it! You are one step from going to Camp BRIDGES this summer! First, did you complete everything?:

- Completed Application
- Completed Physician/Nurse Form
- Parent/Guardian Release Form
- Indemnity Agreement
- Photo/Video Release Form

**Please submit your application and all materials to:**

Cindy Richards, BSN, RN, CNN  
Children's Hospital  
1600 7<sup>th</sup> Avenue South, ACC 404  
Birmingham, Alabama 35233  
FAX: (205) 558-2319 (can be faxed up until 4pm Monday June 29, 2009 if you absolutely cannot mail them in)



*"These last 6 years at Camp BRIDGES have been an absolute blessing to me and I'm looking forward to many more awesome years to come."*

*- Warner DePriest*

Call us at (205) 939-6794 or visit [campbridges.org](http://campbridges.org) to learn more about camp!