



Sunday, JUNE 16 to Saturday, JUNE 22

Parent Info

**What you need to know
to get ready for camp**

The To Do List:

- 1) **Register Your Camper:** Please fill out your camper's registration form and either email it or send it by mail to one of the following addresses. campstarretreat@gmail.com or Camp STAR, 568 Waynesburg Road, Washington, PA 15301.
- 2) **Registration Fee:** Camp STAR 2024 registration is \$75. Please be prepared to pay any remaining balance at check-in, although we prefer that you submit your payment beforehand
- 3) **Getting Ready for Camp:** Please refer to the camper packing list for a guide on what to pack for your camper. Also, remind your camper to pack whatever props/etc. that they will need if they want to participate in the Friday Night Finale talent/lip sync show. We also have TONS of props and items at the camp if they are unsure about participating yet. 😊
- 4) **June 16 – First Day of Camp - Get your Camper to Camp STAR:** Camp STAR is located at the beautiful Camp Kon-O-Kwee/Spencer campgrounds: 126 Nagel Rd, Fombell, PA 16123.
- 5) **Check-In at Harbison Lodge from 2-4 p.m.:** Camp begins with check-in, in the Community Room, at Haribison Lodge from 2-4 pm on Sunday. See the attached map or follow the strategically placed signs with arrows to guide you to the lodge when you arrive at the campground.
- 6) **Stay Connected:** Photos: Camp STAR has a shared online photo album. To help ensure privacy for campers, access to albums is restricted, but a link will be provided to families at check-in. Email: We welcome and encourage emails from friends and family. Please send all communications to campstarretreat@gmail.com.
- 7) **Saturday, June 22, 10:30 a.m.– noon – Last day of Camp – Camper Check-Out:** Camp ends Saturday at 10:30 a.m. Please make your way back to Harbison Lodge for your Happy Camper.

What to Expect at Check-In:

- 1) **Arrival:** You will be greeted by Camp STAR staff as soon as you get to Harbison Lodge, then guided to the Registration Table and Camp Nurse. At that time, a staff member will make sure all of your camper's registration paperwork is in complete, give you the room assignment, then introduce you to the camp nurse.
- 2) **Camp Nurse:** The nurse will review your health form to make sure we have all the necessary information. All medications (both prescription and over-the-counter) must be turned in to the camp nurse when checking in. Medications must be in their original containers with camper name and dosage instructions printed on them. All prescription medications are required to have a doctor's signage with them. Special arrangements can be made for any campers needing to carry medications such as inhalers and EpiPens.
- 3) **Electronics Check:** Electronics are not permitted at camp, including cell phones. At this point, you may turn your cell phone over to our care for the week or send it home with your family.
- 4) **Lodge Room Assignments:** Campers will receive a room assignment and be directed to their respective area where a CS Staff member will be waiting to assist you and your camper choose a bunk and settle in.

What to Expect at Check-Out:

- 1) **Departure:** You will be greeted by Camp STAR staff when you arrive at Harbison Lodge, then guided to your camper. He/she/they will already have their belongings packed up and ready to go except for any medication/belongings that you may have given the camp nurse upon check-in on day one. Please stop at the Check-Out table on your way out of Harbison Lodge to see the camp nurse and receive any remaining belongings.
- 2) **Camp Nurse:** Go to the camp nurse at the Check-Out Table. She will review your camper's week with you and turn all remaining meds and belongings back over to you.
- 3) **Camper Mail Bag and Souvenirs:** All of the campers go home with an inter-camp mail bag full of notes of encouragement and fun memories at camp. It will also be paired with whatever souvenirs and projects they may have completed during their stay at camp. Please don't forget to grab these items. They will be at the check-out table.



Registration

What we need to know to get ready for camp

CAMPER

Last Name _____ First Name _____

Male/Female _____ Birth date _____ Age _____

Grade (this fall) _____ Camper's email: _____

Weight _____ Height _____ Shirt size: _____

FAMILY CONTACT INFORMATION:

Parent/Guardian #1: Last Name _____ First Name _____

Phone Number: _____

Parent/Guardian #2: Last Name _____ First Name _____

Phone Number: _____

Address: _____

CITY _____ STATE _____ ZIP _____

Parent's Email Address: _____

Emergency Contact: _____ Phone Number: _____

LIMB DIFFERENCE INFORMATION:

- Hand Above Knee Above Elbow Shoulder Forequarter
- Symes Below Knee Below Elbow Hip Hemi

- Left Right Bilateral Trimembral Quadrimembral Other _____

CAUSE:

- Cancer Trauma Congenital Please Specify Other Please Specify
- Diabetes Vascular _____ _____

CAMPER NAME: _____

ALLERGIES

Allergy	Reaction	Treatment

MEDICATIONS:

Current Medications (Please list and bring EPIPEN if your child needs one in the event of an allergic reaction)

MEDICATION(S)	DOSE	ROUTE	TIMES
1.			
2.			
3.			
4.			
5.			
6.			

Can your child swallow pills? yes no

Over-The-Counter Meds: If the camper becomes ill at camp may the nurse administer age-appropriate over-the-counter medications (i.e. acetaminophen, ibuprofen, cough syrup, antihistamines, upset stomach medications)?

Yes No Yes, but please see exceptions below

Please list any common medications brands/types that **SHOULD NOT** be administered to your child:

Special Dietary Needs: (Please explain any special diet your child may have)

DAILY LIVING

Needs assistance with:

If you checked any of the above, please explain, in detail what assistance will be needed:

Other: Any other information that would be helpful to make the camp experience positive:

CAMPER NAME: _____

ASSISTIVE DEVICES:

Please specify what, if any, devices your camper is bringing to assist them this week:

Crutches Prosthesis Wheelchair Other _____

Additional Info that we should know or would be helpful:

SWIMMING ABILITY: Non-Swimmer Beginner Intermediate Advanced

HEALTH INFORMATION

PLEASE SPECIFY ANY PERTINENT MEDICAL HISTORY (ILLNESSES OR INJURIES):

PHYSICIAN: _____
Health Insurance: _____
Policy No.: _____

Phone _____
Phone: _____
Group: _____

DENTIST: _____
Dental Insurance: _____
Policy No.: _____

Phone: _____
Phone: _____

In the event of injury or illness to my child, I hereby grant authority to a qualified medical professional to render such medical treatment as deemed necessary under the circumstance and to preserve the life, limb or well-being of above named camper.

PARENT/GUARDIAN (signature)

PARENT/GUARDIAN (print name)

DATE

CAMPER NAME: _____

Please initial each point then sign at the bottom:

1. _____ Parent Consent: I specifically consent that the above named child may participate in activities offered by Camp STAR, including but not limited to camping, boating, swimming, hiking and sports events. I have specified below any items to which I do not give consent for participation.

I certify that the above named child has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the child can swim).

I specifically do not want the above named child to participate in the following activities (if none, please indicate):

_____.

As parent or legal guardian of the above named camper, I hereby certify that the applicant will not attend camp if any illness at the opening day of camp should be harmful to him/her or others. Having confidence that the staff in charge will exercise diligence for the safety of the campers, I hereby authorized the camp administration to allow the applicant to accompany other campers on trips away from the grounds on organized activities. I understand that the camper may be sent home as a result of misbehavior or violation of camp policies.

2. _____ Liability Release (For parents, guardians, staff and counselors)

The undersigned parent, legal guardian, close relative or participant acknowledges that even though every effort is made to promote a safe, accident-free environment, incidents may occur. In consideration for being accepted to participate in this camp sponsored by and/or affiliated with Children's Hospital of Pittsburgh of UPMC, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless Children's Hospital of Pittsburgh of UPMC, its directors, officers, volunteers, agents or employees from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the camp.

Furthermore, we/I (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any camp activities, transportation, or fieldtrips involved therein. Further, authorization and permission is hereby given to said camp organization to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify Children's Hospital of Pittsburgh of UPMC, its directors, employees, volunteers, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

3. _____ Photo/Video Release: I consent to having my child video/audio recorded and/or photographed for use by Children's Hospital of Pittsburgh of UPMC's Community Outreach Program, which may include, but not limited to, the following: Camp STAR brochure, distribution to other campers, use for print or news broadcasts about Camp STAR. I have been informed that my child may be identifiable in these photographs/video and the date and location where the filming/photography took place, but no other identifiable information such as name or age will appear in any text accompanying the video/photos without my prior consent. I release and hold Children's Hospital of Pittsburgh of UPMC, its directors, employees, volunteers, and agents, free from any liability that may arise as a result of my giving permission for the above described use.

4. _____ I certify that all information in this registration application is accurate and complete.

PARENT/GUARDIAN (signature)

PARENT/GUARDIAN (print name)

DATE



Packing List

Make sure you have everything you need for a great week.

When deciding what clothes to pack, please choose comfortable, modest clothing that is fit for physical activity (please no spaghetti straps, shirts cut low at the neck or arms, clothing with questionable messages, etc.). If you have questions about appropriate clothing, please call our office. We recommend labeling all items to assure they return home safely.

WHAT TO BRING

- Clothing for one-week (Please keep choices modest/non-revealing)
- Sweat shirt or jacket
- Long Pants or sweat pants
- Socks, underwear
- Pajamas
- Tennis shoes for every day
- Shower shoes/Flip flops/crocs
- Pool shoes (the pool floor can be abrasive to campers' feet)
- Swimsuit (Girls- one piece or tankini ; Guys- Boxer style)
- Beach towel
- Bath towel(s) and washcloth(s)
- Rain gear
- Laundry bag
- PERSONAL HYGIENE ITEMS (Soap, Deodorant, Toothbrush/toothpaste, Shampoo/conditioner, Brush/comb,Feminine products)
- Pillow
- Sleeping bag/ bed roll (sheets and blankets)
 - (some campers bring a twin size fitted sheet with their sleeping bag to cover the mattress)
- Spray on Sunscreen
- Bug repellent
- Hat
- Flashlight (spare batteries)
- Backpack or small duffel bag
- Reading materials or games for down times
- Small fan (optional)
- Musical Instrument (optional)
- Book to read or Journal during bunk times/down times (optional)
- Costume/props for Friday night Party - talent show/lip sync performance (optional)

WHAT NOT TO BRING

- Cell phones
- Any electronic devices (including smart watches, iPads, cell phones, gaming devices, iPod/mp3 players, etc.)
- Fireworks/weapons/illegal substances
- Snacks & food (food attracts unwanted critters...)

BRING TO REGISTRATION

- All medications (both prescription and over-the counter) must be turned in to the camp nurse when checking in. Medications must be in their original containers with camper name and dosage instructions printed on them.

* All prescription medications are required to have a doctor's signage with them. Special arrangements can be made for any campers needing to carry medications such as inhalers and EpiPens.

FRIDAY NIGHT FINALE (FNF) PARTY

Every year there is an end of the week party with a talent/lip sync show. If your camper wants to perform, he/she can bring props or instruments, etc. to assist in their performance (not required). We provide a lot of different prop options for FNF, so if the inspiration doesn't happen at home, we are confident it will at camp. The party is a ton of fun for everyone!!

PAST FNF PERFORMANCES HAVE INCLUDED:

Singing, Dancing, Comedy, Stomp/blue man Style, Musical numbers, Instrument solos, AND SO MUCH MORE!

TROPHY/AWARD GIVEAWAYS

AWESOME FOOD

FUN FUN FUN!!!