

Dear Campers and Parents,

Teen Adventure Weekend

August 16th-18th,2024

## We are so excited that you are interested in attending ***Teen Adventure Weekend 2024!*** We are looking forward to an exciting and meaningful weekend together at Camp Hanes. Many of you have mentioned how important it is for you to have the chance to talk about your burns with people who understand, and we will have this opportunity throughout the weekend. Safety is our top priority, and we will continue to follow guidelines of the CDC and UNC Hospitals.

The registration packet is attached. There are a number of pages, please be sure you complete them all! Please pay special attention to each page, as each teen must have everything completed to attend camp. Physicals must have been completed within the last 1 year.

Pages 2-3 Registration All Campers

Pages 4-6 Health Form All Campers

Page 7 All Campers

Page 8 All Campers

Page 9 All Campers

Parent/Guardian complete for camper

Parent/Guardian complete for camper

Parent/Guardian complete for camper

Parent/Guardian & Camper must sign

Parent/Guardian must sign

These must be complete for teen to attend camp.

This section is at the bottom of page 6 and must be completed by a healthcare provider. Do not wait to get this completed!

Pictures and information regarding your camper are used on the Burn Center webpage, for media coverage regarding camp and for professional presentations. The Burn Center is very protective of its patients and their personal health information. If you have any concerns regarding this release, please contact our staff.

Please discuss this page with your child/camper.

Participant Release From

## Campers will not be officially registered until we receive your completed registration packet. Once we receive your completed forms, you will receive confirmation of your registration with directions,details and a list of things to bring to camp! **We only have 24 spaces available and they go fast!** Every year we have a waiting list, so if somebody cancels we will let you know.

*\*\*Please complete the entire Registration Packet ASAP and return before July 31 2024!\*\**

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| *Mail completed packets to:* | ***OR*** | Fax to: |
| **Teen Adventure Weekend**  **North Carolina Jaycee Burn Center 101 Manning Drive, Campus Box 7600 Chapel Hill, NC 27599-7600** |  | **984-974-1870** |

[*You can also email completed registration packets to:* maria\_albani@med.unc.edu](mailto:maria_albani@med.unc.edu)

[If you have any questions,](mailto:chelsea_hendricks@med.unc.edu) please contact Michele Barr, Camp Director at 919-962-8427 or

Maria Albani, Administrative Coordinator, 919-962-8420

*The Burn Aftercare Team*



TEEN ADVENTURE WEEKEND REGISTRATION FORM

Camper’s Full Name: Name Called:

(First) (MI) (Last)

Date of Birth: / / Age: Male

Female Preferred Pronoun:

Mailing Address:

Street City/State/Zip Code

Parent/Guardian Name: Relationship: Phone: home ( ) work ( ) cell ( )

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Camper Cell phone # Is this a “smart” phone? Y N

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Parent Email: Camper Email: Emergency contact (other than parent/guardian): Name:

Phone ( ) Alternate number: ( ) Relationship to camper:

### Transportation:

Who is bringing camper to Check-In on 8/16/24?

Name: Cell Phone: ( ) Relationship:

Who will pick up camper at the end of camp on Sunday 8/18/24?

Name: Cell Phone: ( ) Relationship: Is anyone else authorized to pick up camper from camp? Yes No

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If yes, who?

Name: Cell Phone: ( ) Relationship:

### \*\*\*IMPORTANT NOTE!\*\*\*

*We do not want any camper to miss coming to Teen Adventure Weekend because of lack of transportation!*

*We do not provide transportation to camp, however we can put you in contact with other parents from your area if you need assistance with transportation. If you have questions or would like to discuss your transportation needs, please contact the Aftercare Office at 919-962-8427.*

Camper Name:

First Middle Last

*In order to ensure that your child feels respected and to maximize their camp experience, please help us to know him/her better.*

What language does camper speak?

Is this camper’s first time away from home? Yes No Has camper ever been to an overnight camp? Yes No Has camper ever been to Teen Adventure Weekend?  Yes  No

Camper’s School Name: Upcoming Grade:  8 \_9\_ 1011 \_12\_ \_ Anticipated graduation date/year :

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How well can camper swim? Does not swim  Not well  OK  Good Very Well Unsure

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Has your child been involved in any disciplinary action at school or legal trouble with local authorities within the past year?

Yes  No (Please note that a yes response will not necessarily keep your child from being able to participate in teen camp.)

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If yes, please describe:

Please tell us anything you think important for us to know about your camper while at camp. Please include any history of mental health related issues.

Camper T-shirt size:

 Adult Small Adult Medium Adult Large Adult Extra Large  Adult 2XLarge Adult 3XLarge

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needed during camp. If your camper has medication for ADD/ADHD please remember to send that to camp! Even if they take a break in the summer, we really need for them to bring their medicine to camp and take it.

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Camper Name:

First Middle Last

Male

Female

Birthdate: / /

Month / Day / Year

Age on arrival at camp:

HEALTH FORM All campers are required to have a completed health form with a parent signature to authorize any treatment

Second parent/guardian or other emergency contact:

Name: Relationship to Camper:

Home Address: Phone ( )

Street City State/zip

Preferred Phone numbers:

Cell (

) Work ( )

Other ( ) Email:

Family Physician: Phone ( )

Family Dentist/Orthodontist: Phone ( )

Is Camper covered by family medical insurance? Yes No

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Insurance Co: Policy Holder: Policy #

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation.

Activity Restrictions:

Dietary Restrictions:

Medical Treatments:

EMERGENCY AUTHORIZATION:

I hereby give my permission to the medical staff at the North Carolina Jaycee Burn Center’s *Teen Adventure Weekend* to order x- rays, routine tests, and routine treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery for my child named above. I understand and accept that UNC Hospitals and *Teen Adventure Weekend* may use Personal Health Information (PHI) for purposes of treatment, payment, and health care operations. I hereby give permission for necessary PHI to be released to insurance carriers, health care treatment facilities, and other professionals. This includes PHI from pharmacies, hospitals and clinics.

Signature of parent/guardian, or adult camper / staffer: Date:

Camper Name:

First Middle Last

HEALTH HISTORY (To be completed by parent/guardian)

ALLERGIES: Does your child have any known drug, food or environmental allergies? Yes No (medications, peanuts, poison ivy, bee stings,

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etc) If yes, please list what the allergy is to, and the reaction:

IMMUNIZATIONS: Were immunizations completed prior to entrance to school? Yes No

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Month/Year of last Tetanus immunization (DPT,DT,T)

Month Year

General health history: check “yes” or “no” for each statement. Explain “yes” answers below.

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| Has/does the camper/CIT have? **YES NO** |  | Has/does the camper/CIT have? **YES NO** |
|  |  |  |
| 1. Chronic or recurrent illness? 2. Illness lasting over one week? 3. Hospitalizations? 4. Surgery? 5. Recent infectious disease? 6. Recent injury? 7. Asthma/wheezing/shortness of breath? 8. Diabetes? 9. Seizures? 10. Frequent Headaches/Migraine? 11. Orthopedic injury/abnormality? 12. Problems with heart/blood pressure? 13. Chest pain with exercise? 14. If female, problems with periods/menstruation? |  | 1. Fainting or dizziness? 2. Concussion/unconsciousness? 3. Heat stroke/exhaustion/problem with heat? 4. Sleepwalking? 5. Nose bleeds? 6. Frequent ear infections? 7. Intolerance to strenuous exercise? 8. Emotions problems? 9. Behavioral problems? 10. Bedwetting problems? 11. ADD/ADHD? 12. Wear glasses/contacts? 13. Wear braces/appliances? 14. Had a significant life event that continues to affect the camper’s life? |

Please explain all “yes” answers:

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Date of Burn Injury: / Age at time of Burn Injury: % of body burned:

Month / Year

Where did camper receive treatment for his/her burn injury?

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UNC North Carolina Jaycee Burn Center  Wake Forest University Baptist Medical Center

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Other

Does camper currently wear pressure garments? No If yes, please send these to camp and outline wearing instructions here:



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ð Yes

Does camper use creams or lotions on his/her skin? ð Yes



ð No



If yes, please send these to camp with your child and outline type, location and frequency of applications:

Does camper wear a splint, prosthesis, or an orthopedic device? No



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ð Yes

If yes, please send these to camp with your child and outline type and wearing schedule:

Will camper have any wound care/therapy needs other than creams/lotion/sunscreen?



ð No



ð Yes

If yes, please bring wound care supplies with your child to camp and outline instructions here:

HEALTH HISTORY *continued*

Camper Name:

First Middle Last

*Medication:* This camper will not take any daily medications while attending camp. This camper will take the following daily medication(s) while at camp:

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\*\*In order for your child and the other campers to get the most out of the camp experience, please send your child to camp with his/her medications, ESPECIALLY ADD/ADHD medications. All medication must be listed below (use back of form if more room is needed) and provided by parent/guardian in a container properly labeled by a pharmacist with identifying information (eg the name of the child, medication dispensed, dosage required, and the time and route it is to be given.) Provide enough of each medication for the entire weekend!

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| **Name of medication** | **Reason for taking it** | **When it is given** | | **Amount or dose** | **How given** |
|  |  |  | Breakfast Lunch Dinner Bedtime  Other time: |  |  |
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|  |  |  | Breakfast Lunch Dinner Bedtime |  |  |
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| Other time: | |
|  |  | Breakfast Lunch | |  |  |
|  | Dinner Bedtime  Other time: |
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|  |

Parent Permission:

I hereby give my permission for my child to receive medication during camp. The above medication(s) has been prescribed by licensed medical provider. Medications listed below are non-prescription and would only be given as needed for illness/injury. I hereby release UNC Healthcare and their agents/employees from any and all liability that may result from my child taking medication at camp.

Parent/Guardian Signature: Date:

The following non-prescription medications may be stocked in the *Teen Adventure Weekend* Health Center and are used on an as needed basis to manage illness and injury. Check any that camper should not be given.

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE) Antihistamine/Allergy medicine (Zyrtek, Claritin) Diphenhydramine antihistamine/allergy medicine (Benadryl) Sore throat spray

Lice shampoo or cream (Nix or Elimite) Calamine Lotion

Laxatives for constipation (Ex-Lax, )

Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)

Dextromethorphan cough syrup (RobitussinDM) Generic cough drops

Antibiotic Cream Aloe

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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\*\*\*To Be Completed by Medical Provider\*\*\*

Health Care Recommendations by Licensed Medical Personnel (signed within 12 months of examination).

I have examined the above camp participant. Date of last examination

In my opinion the above applicant is, is not able to participate in an active camp program.

Please list any medical information the camp medical staff should be aware of regarding this camp participant:

Signature of Licensed Medical Personnel

Printed Title

Address

Phone ( )

Date

### (Camp Use Only)

Camper Name:

The North Carolina Jaycee Burn Center is dedicated to the care and support of burn survivors and their families as inpatients, outpatients and beyond. While Burn Aftercare events/programs are not considered treatment events or health care services, they are considered an ongoing resource for the burn survivor community to continue to find support from staff, connection with other burn survivors, and education to continue to develop strategies to for successful and fulfilling life after a burn injury. In order to meet the needs of survivors, The North Carolina Jaycee Burn Center strives to develop a variety of resources to reach burn survivors beyond the health care setting and throughout their healing journey. These resources are made available to survivors, families, volunteers and donors and include images of survivors and families who participate in aftercare programming. Safety is always the top priority for the Burn Center and its staff, both at events and with respect to how we utilize images of our participants. The North Carolina Jaycee Burn Center is very sensitive to the protection of all our survivors, particularly our children. Therefore, participant images are utilized in a way to provide support to survivors and their families, to promote the work of the North Carolina Jaycee Burn Center and its aftercare programs, to recruit survivors for Aftercare Programming, and to educate other burn professionals about the ongoing needs of burn survivors.

NORTH CAROLINA JAYCEE BURN CENTER VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant The University of North Carolina Health Care System and its affiliates (collectively, “UNC Health” or the “Company”) the irrevocable right and permission to make and/or use photographs and/or video recordings (collectively, “Recordings”) of the participant identified below (“Participant”) arising from Participant’s participation in North Carolina Jaycee Burn Center events (including, but not limited to, Camp Celebrate). Such Recordings may be used on Company’s and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me or Participant. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files, are and shall remain the sole property of the Company.

I understand and agree that such photographs and/or video recordings of Participant may be placed on the Internet. I also understand and agree that Participant may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of Participant. I understand and agree that neither I nor Participant will have an opportunity to review the final products before they are published or distributed.

I, on behalf of myself and Participant, hereby release, acquit and forever discharge Company, and its current and former trustees, agents, officers, employees, and affiliates, from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I acknowledge that my participation in the photo and video portions of North Carolina Jaycee Burn Center events is completely voluntary, as is my consent to this release. I understand that no action will be taken against me or Participant should Participant decline to participate in the photo/video portions of these events.

This release is binding on me, Participant, and our heirs, assigns and personal representatives.

Participant Name:

Agreed and accepted:

Signature of Participant or Parent/Guardian Date

Printed Name of Signatory

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I affirm my understanding that the activities at *Teen* Adventure Weekend are mostly held out of doors. I understand that in the woods, as in other outdoor settings, there are natural risks (tripping over tree roots, mosquito bites, etc.) I understand that all bags will be searched upon arrival to provide a safe environment, free of phones, drugs or weapons, for all campers and counselors. No Cell Phones are permitted at Teen Adventure Weekend. It is the policy and purpose of aftercare programs that every member of the teen adventure community experience a safe and healthy environment. All participants have the responsibility to show respect to one another and the camp.



Code of Conduct – Teen Adventure Weekend Adventure Weekend

I additionally affirm my understanding of the goals, rules, and standards stated below:

* To have a good time
* To work with the group and participate in all activities as a TEAM
* To challenge myself, to try things I’m not sure I can do
* If I have a problem or concern, I will talk to a counselor or staff person
* I will give effort, and try to participate in almost all of the activities offered at camp

STANDARDS AND RULES

* I will not use alcohol, tobacco, or drugs at *Teen Adventure Weekend*
* I will not bring electronics, including cell phones, to *Teen Adventure Weekend.* If I forget, I will turn it in to the camp staff at registration and will have it returned when I leave camp or send it home with my parent.
* I will read the Cell Phone Policy, see attached page.
* I will not use foul language.
* I will not fight, verbally or physically, at *Teen Adventure Weekend.*
* I will not engage in any bullying activity and will report anybody who does to staff.
* I will be on time for all scheduled meetings and events
* I will not throw my trash on the ground. I will place it into a suitable trash container.
* I will not use any equipment without proper supervision
* I will follow all safety guidelines given by the staff
* I will not take any clothes, money, or other things that do not belong to me
* I will respect the personal space of other campers and adults. Inappropriate touching will not be tolerated.
* I will observe lights out, and not leave my cabin after hours
* I will not enter the cabin bunk area of the opposite gender
* I will participate in camp activities and understand that naps are not a part of the camp schedule.

\*I agree to abide by these goals, standards, and rules. I understand that I may be dismissed from *Teen Adventure Weekend* for refusing/failing to follow any of the above. My signature acknowledges that I have read the cell phone policy.

Signature of Participant/Camper Printed Name Date

\*My child has read and understands the above goals, standards, and rules. I understand the above goals, standards, and rules. I understand that if my child’s behavior does not meet these standards at any time during the weekend that I am responsible for transporting them home.

Signature of Parent/Guardian Printed Name Date

“TEEN ADVENTURE WEEKEND” PARTICIPANT RELEASE FORM



I ACKNOWLEDGE THAT, BY SIGNING THIS RELEASE, I AM RELEASING THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM, THE UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL, THE UNC JAYCEE BURN CENTER, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY “RELEASEES”) FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES OCCURRING AT THE “CAMP CELEBRATE” EVENT (THE “EVENT”), REGARDLESS OF WHETHER SUCH ACTIVITY IS SPECIFICALLY IDENTIFIED HEREIN. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

name)

In consideration of the acceptance of (camper’s

to participate in the Event, I hereby freely agree to and make the following contractual representations and agreements:

I acknowledge that camping and other associated activities are inherently dangerous activities and FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND CAMPER’S PARTICIPATION IN THE EVENT, INCLUDING, for example

(but not limited to): THE RELEASEES’ OWN NEGLIGENCE, the negligence of others, and weather conditions; strenuous exertions of various muscles placing stress on the muscles, bones, and joints; sustained physical activity placing stress on the heart, arteries, and blood pressure; minor injuries such as soreness, sprains, strains, and bruises, and the possibility of serious physical and/or mental trauma, injury, or death associated with the Event. For myself and Camper, our heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, “Successors”), I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS,

AND PROMISE TO INDEMNIFY AND NOT SUE the Releasees and the organizer of the Event and any property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with the Event, and their respective agents, officials, and employees, (the foregoing are also collectively deemed to be Releasees) FROM ANY AND ALL RIGHTS AND CLAIMS, INCLUDING CLAIMS ARISING FROM THE RELEASEES’ OWN NEGLIGENCE TO THE MAXIMUM

EXTENT PERMITTED BY LAW, which I have or which may hereafter accrue to me, Camper, and/or any of either of our Successors (collectively, “Releasors”), and from any and all damages that may be sustained by any Releasor directly or indirectly in connection with, or arising out of, Camper’s or my participation in or association with the Event, or travel to or return from the Event.

I understand that I am responsible for my own and Camper’s conduct and decisions while participating in the Event and agree that this Release shall apply to any claim arising out of my or Camper’s participation in all activities in the Event. I agree it is my and Camper’s sole responsibility to be familiar with the Event course and agenda, the Releasees’ rules, and any special regulations for the Event, and I agree we will comply with all such rules and regulations. I understand and agree that situations may arise during the Event that may be beyond the control of the Releasees, and that I and/or Camper must continually participate so as not to endanger ourselves or others. Neither I nor Camper have any medical or physical condition that, to my knowledge, could endanger ourselves or others if I or Camper participate in the Event, or could interfere with my or Camper’s ability to safely participate in the Event. To the extent I am or Camper is using our own equipment while participating in the Event, such equipment will be in proper working equipment.

I agree, for myself, Camper and our Successors, that the above representations are contractually binding, and are not mere recitals, and

that should I, Camper or our Successors assert any claim contrary to what is agreed to in this Release, the claiming party shall be liable for the expenses (including legal costs and attorneys’ fees) incurred by the Releasees in defending such claim. This Release may not be modified orally or otherwise, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein, or as a consent to any subsequent waiver or modification.

I consent to the release by any third party to Releasees and their insurance carriers of my and/or Camper’s name and medical information that may relate solely to any injury or death suffered arising from the Event.

Every term and provision of this Release is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF GUARDIAN/PARENT** |  | **DATE** |  |

AGE ON DAY OF EVENT

CITY

ADDRESS

NAME OF CAMPER (print)

TODAY’S DATE

EMERGENCY CONTACT PHONE

EMERGENCY CONTACT

PHONE NUMBER

E-MAIL

ZIP

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