



Camper Application 2023

Camp Details

- Date: Monday, July 31 – Friday, August 4, 2023
- Time: 8:30 am to 12:30 pm
- Location: First Presbyterian Church of Santa Barbara – 21 E Constance Ave, Santa Barbara, CA 93105
- Open to children who will be 6 – 12 years old and entering grades 1 – 6 on September 1, 2023
- Campers must bring their own lunch. A snack is provided each day.
- COVID-19 vaccination is required for all campers. Completion of primary series (2 shots) is required; booster is strongly recommended.

Applications (including Physician Referral) are due by July 17, 2023. Applications can be submitted by:

- Email: campwheez@sansumclinic.org
- Mail: Sansum Clinic - Camp Wheez, PO BOX 1200, Santa Barbara, CA 93102-1200

Call with any questions or to confirm your application has been received: (805) 681-7672.



2023 Camper Application

PLEASE PRINT CLEARLY

Child's Name _____ Date of Birth _____

Child's Pronouns (circle one) she/her he/him they/them other _____

Grade in September _____

Address _____
street city zip code

Phone Number _____

Email _____

How did you hear about Camp Wheez? _____

Dietary Restrictions _____

EMERGENCY CONTACTS – Provide at least 2

1. Name _____ Relationship to Child _____

Preferred Phone Number _____

Alternate Phone Number _____

2. Name _____ Relationship to Child _____

Preferred Phone Number _____

Alternate Phone Number _____

3. Name _____ Relationship to Child _____

Preferred Phone Number _____

Alternate Phone Number _____



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Child Name _____ Date of Birth _____

AUTHORIZATION AND CONSENTS

Please initial after each section and sign at the bottom of the page.

PARTICIPATION AND EMERGENCY TREATMENT WAIVER Initial here _____

In consideration for being allowed to register and participate in Camp Wheez, sponsored by Sansum Clinic, held July 31 through August 4, 2023, as parent/guardian I release the organization, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability for injuries which are sustained during the camp, including any necessary transportation. My child has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, my child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE Initial here _____

I acknowledge and authorize Camp Wheez and Sansum Clinic to take and use photographs, video and written comments of or by my child for promotional and informational materials. I agree to release and discharge Camp Wheez and Sansum Clinic and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

RELEASE FOR TRANSPORT HOME Initial here _____

At the conclusion of camp, camp staff may release my child to the individual(s) designated below. I understand that under no circumstances will my child be released to anyone not specified below.

People who are allowed to pick up my child are:

1. Parent/Guardian Name _____ Phone _____
2. Parent/Guardian Name _____ Phone _____
3. Other _____ Relationship to Child _____ Phone _____
4. Other _____ Relationship to Child _____ Phone _____

I understand and agree to all of the above.

Parent/Guardian Signature	Parent/Guardian Name (print)	Date
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Child Name _____ Date of Birth _____

CAMPER CODE OF CONDUCT

Please review with your child.

We want everyone at Camp Wheez to have a positive experience. For the best camp experience, we have rules for all parents and children to follow. The 5 basic rules of camp are:

1. **Respect yourself, others and property.** Arrive on time, be clean, take care of your things and wear your Camp Wheez t-shirt. Take your medicine as directed. Do not use bad language, fight, steal, damage property or do anything that is harmful to others.
2. **Participate in camp activities.** Stay with your group for all activities unless excused by staff.
3. **Follow directions.** Follow directions from your counselor and all camp staff. This keeps camp activities safe and fun.
4. **Be kind.** Do not tease, call names, use racial slurs or inappropriate language or make practical jokes.
5. **Follow the Camp Safety Plan.** We will have guidelines in place for the health and safety of all who attend camp. This may include masking indoors, hand washing and staying home if you feel unwell. Details of the plan will be sent to parents in July, prior to camp.

If we have a problem with a camper's behavior, we will follow this camper behavior response policy:

1. The counselor will give the child a warning.
2. The counselor will give the child a time-out with an explanation about the problem.
3. The counselor will ask the camp physician or camp director to work with the child.
4. Staff will call parents/guardians to discuss the problem.
5. Staff can call parents/guardians and ask them to take the child home.
6. In the case of problems that can cause harm to the child or to others, we reserve the right to ask that the child be removed from camp immediately and permanently.

We want every child to have great memories of camp. These rules are to protect all campers so that one individual won't ruin the experience for others. If you have any questions or comments, please contact us. It is our mission to provide a great experience for everyone.

PARENT/GUARDIAN: I have reviewed the above with my child and I understand and accept that my child must follow the Camper Code of Conduct.

Parent Signature

Parent Name (print)

Date

CHILD: I agree to follow the Camper Code of Conduct.

Child Signature

Child Name (print)

Date



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PHYSICIAN REFERRAL – please print clearly

Physician Name _____

Patient Name _____ Date of Birth _____

Date Last Seen _____

Current Medications _____

“Normal” Peak Flow Rate _____

Asthma is: _____ Mild Intermittent _____ Mild Persistent

_____ Moderate Persistent _____ Severe Persistent

Primary Allergies _____

Other Significant Medical Conditions _____

Although Camp Wheez is medically supervised, your patient will continue to be under your direct medical care.

I would like the above-named patient to be enrolled in Camp Wheez. All breathing and exercise training is to be geared to the patient’s capabilities.

Physician Signature

Date

Physician Name (print)

Phone

Address, City, State, Zip Code

All forms are due by **July 17, 2023**. Email completed forms to campwheez@sansumclinic.org or mail to Sansum Clinic - Camp Wheez, PO BOX 1200, Santa Barbara, CA 93102-1200. Call with any questions or to confirm your application has been received: (805) 681-7672.