

Camp Hopetáke

Camper Application



A good camping experience has many educational and psychological benefits, as well as overall enjoyment. To ensure that each camper will have the very best camping experience possible, we ask that you, both parents and campers, share with us some of your goals for camp, as well as required background information.

It is vital that you fill out these forms CAREFULLY AND COMPLETELY. This enables our staff to become more acquainted with each camper before their arrival and to make program plans to meet the specific needs of the campers attending Camp Hopetáke. Since this information changes as the camper grows and develops over the years, we ask that you complete all requested information with each new camp application.

Camp will be held from **June 9-15** this year. However, please return the application as soon as possible!!! Camper space is limited and is on a first-come, first-served basis. Applications must be received by **May 1st**. Please utilize the enclosed checklist to ensure all application forms are completed and enclosed.

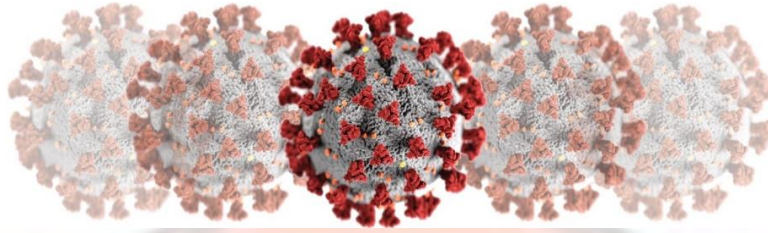
Due to an increased interest in Camp Hopetáke and the limited number of spaces available, applications will be reviewed for completion and considerations made as to which applicants are most appropriate to attend camp. Camp Hopetáke screens each application thoroughly and a phone interview may be necessary for new applicants. Failure to thoroughly complete your application may result in the inability to attend camp. Our ultimate goal is to provide a safe and enjoyable environment for the campers. You will be notified in writing regarding the status of your application within a few days after the application deadline.

A physical and an up-to-date immunization record are required from your pediatrician, so call and make an appointment early. These are necessary to ensure your child's health and safety and are required annually. They must be dated within the last calendar year and enclosed with your application.

Please print, fill out, and mail the completed application in its entirety to this address:

Ashley Rowe
1315 Oakfield Dr.
P.O BOX #1630
Brandon, FL 33509

You can also email a scanned copy of the completed application and additional paperwork to Ashley Rowe (ashleynrowe@tgh.org).



Communicable Disease Update for Camp Hopetáke

- Camp Hopetáke will be taking measures to prevent the spread of communicable diseases.
- We will only be hosting Camp this year if we feel we can ensure our camper's safety.
- We want to give everyone the opportunity to start their applications so we can stay prepared.
- If anyone in the household is ill, tests positive or is told to isolate prior to camp start, please keep Camp administrators updated.
- We will be conducting daily temperature screens and if your child develops symptoms or an illness, you will need to pick them up from camp **IMMEDIATELY**.

CAMP HOPETÁKE

Health History and Information Form
(Please fill out forms completely, leaving no spaces blank.)

Camper Name _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt size _____

Home Address _____

City _____ State _____ Zip _____

Custodial Parent/Legal Guardian—Mandatory Fill Out Completely

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

Second Parent/Legal Guardian/Emergency Contact Person

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Third Emergency Contact Person

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Names of any persons in addition to those listed above who can pick up your child from camp:

Name: _____ Contact phone number: _____

Name: _____ Contact phone number: _____

Custodial Parent/Legal Guardian Authorizations:

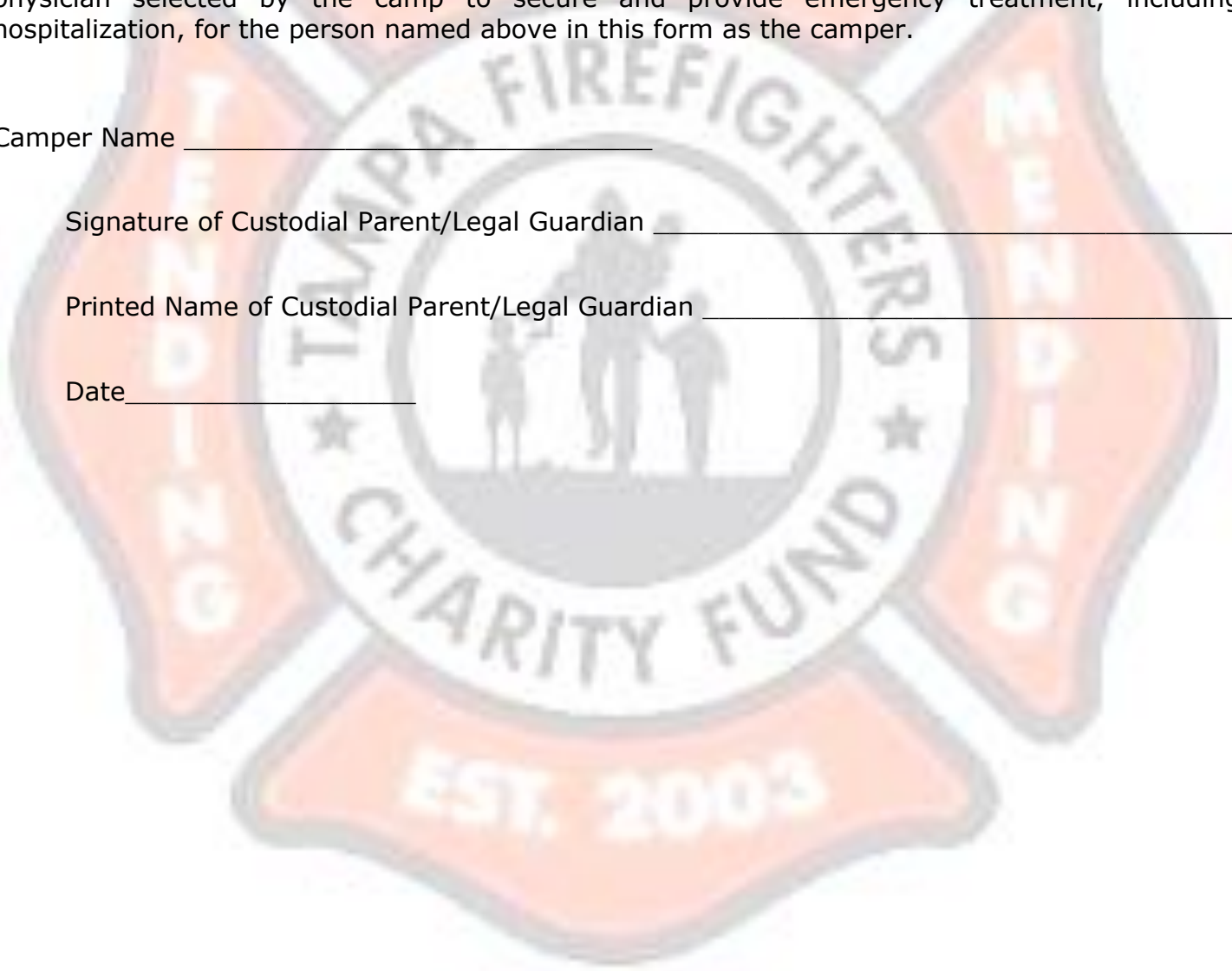
This health history is correct and complete to the best of my knowledge, and the person herein described in this Health History and Information Form has permission to engage in all camp activities except as noted. I hereby give permission to Camp Hopetáke to provide routine healthcare, administer prescribed medications, administer over-the-counter medications as needed and arrange for emergency medical treatment including x-rays and necessary tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Hopetáke to arrange for EMS transport of my child for emergency medical care. In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director and the physician selected by the camp to secure and provide emergency treatment, including hospitalization, for the person named above in this form as the camper.

Camper Name _____

Signature of Custodial Parent/Legal Guardian _____

Printed Name of Custodial Parent/Legal Guardian _____

Date _____



CAMP HOPETÁKE

Waiver and Release Agreement

Please read carefully before signing.

Initial or Complete Highlighted Areas. This is a release of liability and waiver of certain rights.

This form **MUST** be complete for acceptance into camp. The application will be returned if not complete.

_____ In consideration for my being permitted to participate in the activities of CAMP HOPETÁKE, I agree to the following Waiver and Release:

_____ I acknowledge that there are certain inherent risks associated with camp activities.

_____ I UNDERSTAND THAT THESE RISKS INCLUDE BUT ARE NOT LIMITED TO:

1. Contracting a communicable disease such as Covid-19.
2. Sustaining an injury during play and other camp activities.
3. Potential for the participant to act in a negligent manner that may contribute to sustaining an injury or causing the injury of others.
4. Swimming injuries.
5. Temperature extremes.
6. Insect bites.
7. Sustaining an injury during transport to and from Camp activities on site and off in the event of a motor vehicle collision.
8. Hazards related to inclement weather.

_____ I understand that all possible precautions will be taken to prevent any injury and that all foreseeable safety precautions will be taken. I understand that I have responsibilities. My participation is purely voluntary. No one is forcing me to participate and I elect to allow my child to participate in spite of the risks.

_____ Lastly, I, for myself, my heirs, successors, executors, and subrogates hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS TAMPA FIREFIGHTERS' CHARITY FUND INC., TAMPA FIRE RESCUE, TAMPA GENERAL HOSPITAL, THE CITY OF TAMPA, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my participation in this activity including but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of the services provided. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to sue TAMPA FIREFIGHTERS' CHARITY FUND INC., TAMPA FIRE RESCUE, TAMPA GENERAL HOSPITAL, THE CITY OF TAMPA, TRUSTEES as a result of any injury, paralysis, or death suffered in connection with my participation in the activities of CAMP HOPETÁKE.

As the legal guardian of _____, minor participant in Camp Hopetáke, I agree to allow him/her to participate in all the activities of CAMP HOPETÁKE and agree to all waivers and releases on behalf of said minor.

_____ I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

This form must be notarized.

DATE _____

Name of Minor

SIGNATURE OF LEGAL GUARDIAN

PRINT NAME OF LEGAL GUARDIAN

Notary Public Acknowledgment

State of

County of

I hereby Certify that _____ (Name) appeared before me on
This _____ day of _____, 20____, and signed this form in my presence.

Notary Public Signature _____

My commission Expires (Date) _____

Camp Hopetáke Camp Rules

1. All youths visiting the campus and participating in Camp Hopetáke will be under adult supervision at all times.
2. Alcohol, tobacco, Vape, illegal substances, lighters, matches, weapons, sharp objects are NOT permitted at Camp Hopetáke. Camp Directors reserve the right to search camper belongings if such items are reported or are suspected to be present.
3. Campers are not allowed to arrange for friends to meet them at Camp destinations. Camp Hopetáke counselors will not allow friends to accompany campers during these trips.
4. The use of foul language is not permitted by any camper.
5. Cell phone and portable device usage is a privilege. Use will be at the discretion of camp supervisors. Cell phone privileges may be limited. We want to encourage camp interaction and participation. If cell phones/portable devices disrupt a camper's participation, it is at the discretion of counselors to retain the device during activities.
6. All cell phones and other electronics are the camper's responsibility. Camp counselors and administrators are not responsible for lost or damaged electronics.
7. Campers will respect each other's belongings. No camper is to touch another camper's belongings without permission.
8. Misbehavior will result in immediate dismissal from camp at the Camp Director's discretion. **Parents will have 3 hours to come and pick them up.**
9. There will be no "pranking" fellow campers. Camp Hopetáke is an inclusive respectful camp. Bullying and pranking are not allowed and may result in immediate dismissal from camp.
10. Campers may be sent home for behavior problems or illness. Parents must be available to pick up ill or dismissed campers within 3 hours from notification by Camp Director.
11. ALL CAMPERS WILL HAVE A GRETA TIME AT CAMPE HOPETÁKE!!!!

Parent/Legal Guardian Signature: _____

Campers Signature: _____

Date: _____

Code of Conduct Agreement for Campers and their Parent/Legal Guardian

I will:

- Participate fully in the program.
- Be responsible for my own behavior.
- Respect the rights and expectations of others.
- Follow all scheduled times, including curfew and wake-up.
- Dress appropriately for all settings and events as directed.

I will not:

- Endanger the life, safety, health, or well-being of others.
- Leave the camp premises without counselor supervision and coordinator permission.
- Disobey directives, policies, rules, and regulations from camp staff or counselors.
- Be disrespectful or direct racial, profane, or vulgar language or obscene gestures.
- Wear offensively worded or graphic clothing.
- Take or use camp property, counselor property or camper property without permission.
- Bully or take unfair advantage of anyone.
- Engage in sexual harassment. (Unwelcome sexual advance or conduct including lewd remarks, touches or request for sexual favors that have the effect of intimidating individuals or disrupting the camp environment will not be tolerated.)
- Engage in sexual acts.
- Engage in gambling.
- Sell, give, deliver, possess, use or be under the influence of drugs, alcohol, or tobacco products. This includes the misuse of prescription and over the counter medications.
- Participate in hazing.
- Possess dangerous or unauthorized materials such as explosives, firearms, knives, weapons, or dangerous instruments to be used as a weapon.
- Violate local, state, or federal laws.
- Intentionally damage camp facilities including graffiti (you will be billed for damages).
- Use electronic equipment including but not limited to: cell phones, CD players, MP3 players, iPods, video games, computers, radios, televisions or devices that record video when not authorized.

It is not possible to anticipate every possible situation that may arise. In the absence of a particular policy, COMMON SENSE AND COURTESY SHALL PREVAIL. Infractions of the Code of Conduct must be reported promptly by anyone observing them to the Coordinators. Penalties may include any or all of the following:

- Sending the camper home. Parent/Guardian must pick up child within 3 hours.
- Being assessed the cost of damages and repairs in the event of damage/destruction of property.
- Being released to the nearest law enforcement agency and/or proper authorities.

I have read, understand, and agree to this Code of Conduct

Camper Name - Print

Camper Signature

Date

I have read and understand the Code of Conduct and have discussed it with my child. I agree to him/her receiving appropriate disciplinary action should they breach it.

Parent/Guardian - Print

Parent/Guardian - Signature

Date

AUTHORIZATION AND RELEASE FOR USE AND DISCLOSURE OF PROTECTED INFORMATION FOR PUBLIC
AFFAIRS, FUNDRAISING, & MARKETING ACTIVITIES

I, _____, hereby authorize the taking, collecting and publishing of photographs, images, audio and/or video recordings of myself or my minor child, by Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital (collectively "Hospital"), its respective agents, contractors, or employees, or by representatives of the news media and organizations authorized by Hospital.

I am aware and agree that I will not receive any financial compensation relative to the taking or use of photographs, images, audio, or video recordings ("Media Materials"). I give permission to the Hospital to copyright, use and reuse the Media Materials.

I understand that I may refuse to participate in providing the Media Materials and the decision will in no way affect the care or treatment provided to me by the physicians or staff of the Hospital.

I understand that the Media Materials will not be considered part of my medical record and may be edited or destroyed at any time.

I understand that this Authorization will be in effect indefinitely unless I withdraw my consent in writing.

I hereby release and discharge Hospital, its affiliates and its and their employees, medical staff, directors, officers, agents, successors, assigns, heirs, executors and licensees, including the photographer or video photographer from any and all claims and demands arising out of or in connection with the use of the Media Materials in accordance with the terms of this Authorization, including but not limited to any claims for defamation, compensation, invasion of privacy, royalties, or infringement of copyrights or moral rights and any other recognizable claims, whether sounding in contract or tort.

I expressly consent to the use of my likeness, name, identity and accompanying verbalizations in the Media Materials.

I understand that the Media Materials may be republished over the internet and social media outlets or used by the hospital or news media in reporting a hospital or medical-related story, or for hospital-related advertising such as printed publications, web sites and television and radio broadcasts.

(Please print)

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Witness Signature: _____

Camp Hopetáke

Photograph Consent and Information Release Form

I hereby grant permission for the taking of photographs and/or the release of general information regarding:

Camper: _____ Date of Birth: _____

Parent/Legal Guardian Names: _____

Address: _____

City and State: _____

Telephone: _____

The photograph(s) and/or general information may be used as needed in the administration of Camp Hopetáke and/or may be published in, or used by, the media or hospital/firefighter publications (including newspapers, magazines, television, radio, pamphlets, brochures, reports, websites [to include social networking sites such as Facebook], and fundraising efforts, etc.) without any liability on Tampa Firefighters Charity Fund Inc., Tampa General Hospital, and Tampa Firefighters Local 754, its agents or employees.

Parent or Legal Guardian Signature

Date: _____

PARENT QUESTIONNAIRE

How was your child burned? Please be specific

Is your child accustomed to being away from home?

Is your child frightened at the sight of fire or flames?

Can your child swim without assistance from flotation devices?

Has your child had a happy or unhappy experience at camp?

If unhappy —please explain.

Does your child have issues with toilet training or wetting the bed at night?

Has your child had any history of behavioral that may cause him/her to have a difficult time respecting authority, mistreating others or have outbursts?

If yes—please explain.

Does your child have any **allergies** and/or **food restrictions** we should know about?

Rehabilitation Needs:

Does your child wear pressure garments?

If yes — Please instruct on which body areas are affected and the recommended schedule for wearing their garments.

Does your child wear splints or orthopedic devices?

If yes — please explain

Does your child have any limitations in their strength or range of motion?

If yes — please explain

Does your child presently receive Physical Therapy or Occupational Therapy?

If yes — please explain

How would you describe your child's adjustment to their burn injury?

How can we be of help to your child while at camp?



Please make an appropriate selection below:

Has your camper ever had or does this apply to your camper	Yes	No
Any allergies (medications, food, seasonal, etc.)?		
Any recent injuries/illness?		
Have a chronic illness/condition?		
Ever been hospitalized?		
Ever had surgery?		
Have frequent headaches?		
Ever had a head injury?		
Ever knocked unconscious?		
Wear glasses, contacts, and/or hearing aids?		
Have frequent ear infections?		
Ever passed out during exercise?		
Ever had Seizures?		
Ever had chest pain during exercise?		
Ever had high blood pressure?		
Ever been diagnosed with a heart condition?		
Ever had back problems?		
Ever had problems with their joints?		
Have any orthodontic appliances?		
Have diabetes?		
Have asthma?		
Had mononucleosis in the past 12 months?		
Had problems with diarrhea/constipation?		
Have problems with sleepwalking or other sleep disorders?		
Females—any abnormal menstrual history?		
Have a history of bed-wetting/incontinence?		
Ever had an eating disorder?		
Ever had emotional difficulties for which you sought professional help?		
Ever been diagnosed with an emotional/behavioral disorder?		

Please take a moment and explain in detail any “yes” responses from above questionnaire:

Camp Hopetáke

APPLICATION PACKET CHECKLIST

All of the following forms must be included to make a complete application packet. Failure to complete all required forms may result in the inability to attend camp. Call your pediatrician now for an appointment if needed for these forms.

- Health History Form
- Physical Form from Primary Physician
- Immunization Record from Primary Physician
- Parent Questionnaire
- Camper Questionnaire
- Camp Rules Form
- Code of Conduct Form
- Photography Consent Form
- Waiver Agreement—**THIS MUST BE NOTARIZED**

Most banks and mail service stores (such as UPS Stores) have notary services. There is usually a small fee associated with the service.

2024 Camp Hopetáke Schedule

(Subject to change)

Sunday

- Children will arrive at approx. 2pm and enjoy outdoor activities.
- Water slides/outdoor activities
- Campers will make tie-dye shirts.

Monday

- Amusement Park #1

Tuesday

- Arcade/go-karts/bowling
- Craft

Wednesday

- Amusement Park

Thursday

- Ice skating
- Camp Dance

Friday

- Buccaneer Bay
- Pizza & Ice cream party and Farewell Video

Saturday

- Breakfast will be served, and campers will be picked up by 10am

List of Items to pack for your camper:

In addition to plenty of clothes, your camper will need to pack the following:

- Sunblock
- Any medications they need
- 2 bathing suits
- 2 towels
- Bed linens – twin XL sheets & blanket
- Pillow
- Toiletries (toothbrush, toothpaste, soap, shampoo, etc.)
- At least 1 pair of closed-toed shoes
- At least 1 pair of open-toed shoes/sandals
- Themed attire for dance night (theme is **Celebrity/Red Carpet**)