

WELCOME!

It's almost time for our summer of fun at Camp Lutherhaven and we are all very excited in anticipation of a great long weekend together.

Enclosed are all the forms you need for your child to attend camp, they can be scanned then emailed, faxed or mailed back to us.

All forms need to be returned to us no later than **Friday, April 23, 2010.**

IMPORTANT INFORMATION REGARDING MEDICATIONS

All medications will need to be in the original prescription containers with your child's name on it. Place all medications in a Ziploc baggy with their name clearly labeled. **ALL** medications need to be turned in at check in and there needs to be enough medications for **3 full days**. Please fill out the enclosed medication sheet. One medication sheet is returned with camp forms and the other medication sheet is to be put in the Ziploc bag with the original bottles of medication.

CHECK IN INFORMATION

Check in time in Spokane, will be at **Noon, (12:00PM) Friday, June 18, 2010** at Providence Auditorium. Map and directions are also included in this packet. If leaving from Kennewick (**about 9:30AM**) or Lewiston (**about 10:30AM**). Location and final check in time will be finalized at a later time. A parent or designated guardian will need to bring your child to Providence Auditorium in Spokane or to the designated site in Kennewick (and/or) Lewiston.

CHECK OUT INFORMATION

Pick up your child **Sunday, June 20, 2010**, in Spokane at **(1:00PM)** at Providence Auditorium or in Kennewick at **(3:15PM)** and Lewiston at **(2:30PM)** at the designated pick up site. A parent or designated guardian will need to pick your child up. Please do not send someone else to pick up your child without prior written notification.

CONTACT INFORMATION

If you have an emergency and need to contact the medical team during camp times, a cell phone number will be given to you at check in. This is to be used in an **emergency only**.

If you have any questions prior to camp, please call Beats and Rhythms at (509) 474-6725. One of our volunteer's will return your call within 24 hours.

We have many great activities planned and are looking forward to this being another great weekend.

Your camp lead team,

Pamela Burg, MD
Beth Dullanty, RN
Barb Heimbigner, RN
LaVonne Bartholomew, LPN

Beats & Rhythms, Inc.
P O Box 8571
Spokane, WA 99203
(509) 474-6725 Phone
(509) 474-6706 Fax
beatsandrhythms@gmail.com
www.beatsandrhythms.org

Beats & Rhythms
Healing Heart & Making Friends

Camper Expectations

Dear Parent/Guardian,

We expect Beats & Rhythms to be a leader and innovator in our field. Our hope is that Camp will be a place for campers to make friends and find support. Camp is an experience in group living. In order for Camp to be safe, fun, enjoyable, and to run successfully everyone must cooperate and comply with Camp rules. We are giving these expectations to you in order that you can discuss them with your camper before Camp..Please read and discuss these expectations with the camper.

1. Each camper must treat every person at Camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse, or destruction of property.
2. Campers must help out with chores (dining hall and cabin clean-up, packing and unloading) and comply with cabin rules.
3. Cell phones, iPods, DS, or other electronic devices/games are not allowed if brought; they will be confiscated at check-in time and returned the end of camp.
4. Alcoholic beverages, illegal drugs, smoking or tobacco products are not allowed.
5. Guns, knives, slingshots, fireworks or any other kinds of weapons are not allowed.
6. Physical, sexual or suggestive behavior is not appropriate or acceptable.
7. Appropriate camp attire – tee shirts only, no low cut tops.
8. We expect all campers to be respectful and responsible at all times, to include off-site trips, outings and all events.
9. Cussing, swearing and foul language is not acceptable.

If at any time during Camp these expectations are broken or a camper's behavior takes away from a positive camping experience the Camp Director reserves the right to notify the parent(s) or guardian who will be required to pick-up their child at Riverview or other designated location at their own expense. The Camp Director and Medical Director will decide if and when an expelled camper may return to Camp in the future.

We have read, discussed and understand the above.

Print Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

- This form MUST be signed and returned in order for your child to attend Camp***

Beats & Rhythms, Inc.
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered by Beats & Rhythms, Inc. and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I also understand that in order for my child/ward to be allowed to attend summer camp and participate in the activities offered at Beats & Rhythm, Inc. I must give up my rights to hold Beats & Rhythms, Inc. liable for any injury or damage, which my child/ward may suffer while attending summer camp and/or participating in the activities offered by Beats & Rhythms, Inc.

KNOWING THIS, AND IN CONSIDERATION OF MY CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED BY BEATS & RHYTHMS, INC. MY CHILD AND I HEREBY VOLUNTARILY RELEASE BEATS & RHYTHMS, INC. FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATING IN THE ACTIVITIES OFFERED BY BEATS & RHYTHMS, INC.

I understand and agree that my child/ward and I are releasing not only the entities set forth in the paragraph above, but also the officers, agent, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of the child/ward attending summer camp and/or participating in the activities offered by Beats & Rhythms, Inc. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGBE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST BEATS & RHYTHMS, INC. THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my child/ward suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/ward while attending summer camp and/or participating in the activities offered by Beats & Rhythms, Inc.

I understand and agree that by signing this Release on behalf of my minor child that I will be giving up the same rights for said minor, as I would be giving up if I sign this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to my child/ward attending summer camp and/or participating in the activities offered by Beats & Rhythms, Inc.

Child's Name: _____

Parent/Guardian's Name: _____

Signature Parent/Guardian: _____ Date: _____

Relationship to Child: _____

Witness: _____ Date: _____

Medical Release / Permission to Treat

I am the parent and or legal guardian of minor Child _____
Born on _____

I authorize and appoint any member of the staff of Beats & Rhythms, Inc. to care for my child while attending camp. This Authorization shall include the right to any necessary medical or dental treatments, such as operations, drug, emergency care, hospitalization, and or any type of medical or dental treatment.

This medical authorization shall take effect June 18, 2010 and shall be valid through June 20, 2010.

Signature of Parent/Legal Guardian

Date:

PHOTO RELEASE

Camper Name: _____ Date of Birth: ____/____/____

Age: _____ Sex: _____

The undersigned do hereby authorize Beats & Rhythms, Inc. to interview, photograph or make any other visual or audio recordings of the person named above, who will be identifiable.

The undersigned authorizes the use for television, radio, magazines, newspaper, website and any other forms of media presentations, for related stories about the summer camp sponsored by Beats & Rhythms, Inc.

The undersigned authorizes the use for camp only slide show.

(Please cross out and initial any of the above formats that you wish not to apply)

If a minor, complete the following: Minor is _____ year's old.

Authorization and/or consent as outlined above are hereby granted. I hold Beats & Rhythms, Inc. its agents, employees and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Signature of Parent / Guardian / Conservator

Date:

LETTER TO MY COUNSELOR AT CARDIAC CAMP

Campers complete this side - Parents complete opposite side

Dear Counselor:

My name is _____.

My friends call me (Nickname): _____.

I have _____ brothers; ages _____ and _____ sisters; ages _____.

In my spare time, the things I like to do are _____

I am good at _____

I am coming to Cardiac Camp because _____

I hope to be able to do the following things at Cardiac Camp this summer _____

When at Cardiac Camp I don't want to _____

I get along with friends who _____

Last summer I _____

I will have finished the _____ grade when I come to Cardiac Camp this summer.

See you soon!!

Signed

LETTER TO MY CHILD'S COUNSELOR AT CARDIAC CAMP

Parents complete this side - Campers complete opposite side.

Name of camper: _____

Dear Counselor:

This is my child's _____ year of summer overnight camp and _____ year at Cardiac Camp. I want my child to go to camp because _____. While at camp, I hope my child will _____

_____.

My child is:

Most happy when _____

Most unhappy when _____

Enthusiastic about _____

Not fond of _____

Apt to be afraid of _____

Is _____ in taking care of their personal belongings?

How does your child get along with age-mates? _____

What behaviors do you most often have to speak to your child about? _____

What methods of correcting these behaviors have you found effective? _____

My child lives with (please name): Parents/Guardians _____

Brothers' _____

Sisters' _____

Other _____

Does your child have a learning disability, emotional or behavioral condition? If "YES" please explain:

Anything else that you would like us to know about: _____

Parent/Guardian Signature: _____

Contact phone: _____ Back up Phone: _____

CAMPER PACKING LIST

The following packing list provided for your convenience. It is intended as a guide and not a required list. Do not bring clothing that requires special handling.

Permanently label each article of clothing, shoes, and personal items with the camper's name.

The clothing can be packed in suitcase or backpack and the linens in a laundry or duffel bag.

CLOTHING	FOOTWEAR	LINENS & BEDDING	HYGIENE ITEMS	MISCELLANEOUS
2- 3 pair of shorts	1 pair sneakers	1 blanket or sleeping bag	Toothbrush & toothpaste	Camera
3 – 4 shirts/tank tops	1 pair water shoes	1 twin or cot sheets	Soap/soap dish	Daypack
2 long sleeve shirts	Flip-flops	1 pillow	Shampoo and/or conditioner	Flashlight with batteries
2 pairs of long pants		1 pillow case	Brush/comb	Sunscreen
1 warm jacket or fleece		2 bath/beach towels	Deodorant	Hat
1 sweatshirt		2 washcloths	Hair ties	Goggles
1 poncho or raincoat		1 laundry bag (large plastic trash bag)		Musical instrument (guitar, tambourine, harmonica, drums, etc.)
3 pair of underwear				Books
3 pair of socks				Bug spray
1 pair pajamas				Water bottle
1 bathing suit or swim trunks				Crazy hats, glasses, or wigs
				Sun glasses

MEDICATION – put in zip lock baggy in original bottles with list of medication and times taken. Turn these in at check in. Please include all medications (over the counter or prescription).

ITEMS TO LEAVE AT HOME

Cell phones, video players, electronics requiring an electrical outlet and weapons of any kind are prohibited. We discourage your from bringing valuable personal items to camp. Beats & Rhythms or Riverview and its staffs are not responsible for lost, stolen, or damaged items.

Camper: _____

Allergies: _____

Cabin Nurse: _____

Parents, please list all medications (prescribed and over-the-counter) your child takes. Place medications in original containers and this medications list in a Ziploc bag. Nurse will verify medications and make any clarification with you on check-in.

Meds Verified	Medication, Dose, Frequency, Time	June 18th Friday	June 19th Saturday	June 20th Sunday
	PRN Medications			

Comments: _____

Beats & Rhythms, Inc. Cardiac Summer Camp

Camp is available to any child with heart disease.

There is a small \$35.00 registration fee to help offset the cost of paperwork, files, and other incidentals.

Camper's Name: _____

Parent/Guardian's Name: _____

- Enclosed is \$35.00 to help defray costs.
Made payable to Beats & Rhythms, Inc.

If requesting a reduction in fee, please contact Beats & Rhythms for assistance
(509) 474-6725.