



Welcome to Season 2 of Virtual Camp Cartwheel 2021. 😊 We strive to give your child the best possible camp experience. We have many exciting and new activities for our campers to participate in each day. We look forward to the opportunity to make a difference in your child's life this week!

The following is some important information regarding Virtual Camp:

- ☺ Virtual Camp Cartwheel will be held July 20-24, 2021
- ☺ Because Camp is Virtual for another season this year, Camper ages are from 4 years of age to 17 years of age.
- ☺ Camp Cartwheel will be Virtual and will utilize a host of media outlets such as Facebook, Instagram, YouTube, and for individualized Cabin Sessions, Zoom. If you do not have a Zoom account, please be sure to download Zoom to your laptop, tablet/iPad, and/or phone for your child(ren)'s use.
- ☺ **Virtual Camp will host TWO (2) drive-thru parades this year.** One at the start of Virtual Camp week to open Camp and pick-up swag bags and one at the end for Camp Store, food, and other goodies. More details to come!
- ☺ **Your child(ren) will receive a Cabin assignment and zoom sessions will be emailed to the email address that you will print legibly on the next page.**
- ☺ Please fill out the following application completely including all releases and permission slips and return it to the **NVCCF Office by 5 pm Monday, May 3, 2021.**
- ☺ If you have any questions and/or concerns, please reach out to Andrea Rapanos, Director of Patient Programs/Services and Camp Director at 702.735.8434 or via email at andrea@nvccf.org .

Please make sure your e-mail addresses are PRINTED CLEARLY below.



CAMP CARTWHEEL

Camper Application

Please drop off, fax or e-mail a **CLEARLY PRINTED** and **COMPLETED** application **NO LATER** than 5:00pm on May 7, 2021:

For Office Use Only	
Date Received: _____	Date of Physical: _____
Meds/Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO NVCCF Staffer Initial: _____	

Nevada Childhood Cancer Foundation – 3711 E. Sunset Rd., Las Vegas, NV 89120

→FAX: 702.735.8431 →E-mail: andrea@nvccf.org

Mark One: NVCCF Patient Sibling of Patient Child of TCP Participant

Child's full name: _____ DOB: ___/___/___ Age: _____ Sex: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ **Parent E-mail:** _____

Child resides with (mark one): Both Parents Shared Custody (Mom Primary) Shared Custody (Father Primary) Sole Custody (Mom Only) Sole Custody (Father Only) Legal Guardian (Name): _____

Father/Guardian's Name: _____ Phone: _____

Address (if different from child): _____

Employer: _____ Phone: _____

Mother/Guardian's Name: _____ Phone: _____

Address (if different from child): _____

Employer: _____ Phone: _____

SIBLINGS who are attending Camp Cartwheel

Name of Sibling WHO IS ATTENDING CAMP	Relation (brother/sister/step-sibling, etc...)	Age

Has your child been to any camp before? Yes No If yes, which camp & for how long? _____

If your child has attended Camp Cartwheel before, what is his/her Nick Name? _____

What does your child like to do in his/her spare time? _____

What are some of your child's interests? _____

What is your child's T-Shirt Size (mark one): Child: __Sm __Med __Lg **~OR~** Adult: __Sm __Med __Lg __XL

Does your child have any peculiarities or unusual habits?

If so, what do you and/or your child do to accommodate or soothe those habits so your child is comfortable?

Are there any other special needs your child has that Camp Cartwheel staff should know about?



Camp Cartwheel Conditions of Enrollment

Parent or legal guardian of the previously mentioned minor must sign the following consent agreement.
Your signature below indicates approval of the following:

1. In consideration of the acceptance of my child's application for participation at Nevada Childhood Cancer Foundation's Camp Cartwheel, (NVCCF CC) I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may have, or which may hereafter accrue to my child, as a result of his/her participation in the Camp's activities. This release is intended to discharge in advance the Camp, Nevada Childhood Cancer Foundation and Board of Trustees and all their agents, representatives and volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Camp activities and that participants in Camp activities may sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

2. NVCCF CC and all their agents, representatives and volunteers and employees accept no responsibility for the loss, damage or theft of your child's property.

3. Should both parents or guardians, during the camp, leave your place or residence, you will advise the Camp Administration where you can be contacted in case of emergency.

4. NVCCF CC accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily to the family's insurance company.

5. Health and accident insurance coverage (required): Please attach copy of health insurance card to this application

6. In case of medical and/or surgical emergency, you authorize Camp Cartwheel to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed under the provisions of the Nevada Medical Practice Act and/or the Nevada Dental Practice Act.

7. Standing Orders. NVCCF CC medical team (nursing staff and physician staff) have permission to provide routine health care, administer prescribed medications, including but not limited to over-the-counter medications such as analgesics, cough syrup and topical ointments, as needed. Written documentation should be attached to application of the refusal to be in compliance of this standard.

8. I understand that campers ages 10 – 17 can participate in a one to three-night overnight camp experience during Camp Cartwheel. I give my consent for my child to stay overnight at camp in a cabin with campers and staff. **Should my child not follow the rules clearly identified by his/her counselor and Camp Cartwheel Staff, a call will be made to child's parent/guardian who must pick camper up at Torino Ranch within 2 hours.**

Parent/Guardian's Initials _____ **Parent/Guardian's Initials** _____

9. NVCCF CC has absolute permission to use your child's image in print or on tape or film for any lawful purpose whatsoever.

10. All information is confidential and solely for the guidance of Nevada Childhood Cancer Foundation's Camp Cartwheel.

11. All information is correct so far as I know and the child herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me.

Parent/Guardian Name: _____

Camper's Name: _____

Parent/Guardian Signature: _____

Date: _____



CONSENT FOR PHOTOGRAPHS, RECORDING, FILM AND/OR PUBLICATION

I hereby authorize Nevada Childhood Cancer Foundation to photograph or record or permit other persons to photograph or record me and/or my child while participating in a Nevada Childhood Cancer Foundation event and sponsored programs. Nevada Childhood Cancer Foundation may use and permit other persons to use the media prepared from such photographs or recording for such purposes and in such a manner as either may deem appropriate.

I agree the photographs, recordings, or videos may be used for purposes including but not limited to physicians, health professionals, volunteers and members of the public for educational, public relations, foundation advertisements and charitable purposes and that such dissemination may be accomplished in any manner including print, film, and all social media platforms (i.e., Facebook, Instagram, Zoom, Twitter, etc...). I understand that this agreement is being entered into to assist educational, public relations, and charitable goals and I hereby waive my right to compensation for such uses by reason of the foregoing authorizations, and my successors or assigns hereby release and hold the Nevada Childhood Cancer Foundation (and each and every one of its affiliated companies, officers, directors, employees, agents, representatives, licensees, volunteers and advisors) and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement. I will not receive financial or in-kind compensation in exchange for using or disclosing of the photographs, recordings, or resulting media. The term "photograph" as used in the foregoing agreement, shall mean record, film, photograph, in any format including still photography, motion picture, video tape, video disc, and any other mechanical means of recording and producing images or sounds. I understand that I have the right to request cessation of photographing or recording at any time.

Name of Child: _____ DOB: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name
(Print): _____