



Warrior's Edge Camp

Welcome to Warrior's Edge Camp! You will learn what it means to be a 21st Century warrior and how to overcome a variety of obstacles. Your balance, agility, strength, problem-solving skills will be sharpened through a wide variety of challenges.

Here is all the information you will need for Warrior's Edge Camp, including:

- Camper Q & A Sheet
- Packing List
- **Camp Application**
- **Behavior Management Policy**
- **Parental Agreement Form**
- **Disclosure and Assumption of Risk Waiver**
- **Medical & Release Form**
- **Over-the Counter Medication Form**

Please attach in an email or bring the **bolded** forms listed above **AND** a copy of your child's **Immunization record** either before, or on the first morning of camp. These items are required for your child to be able to attend camp.

Email address: **CampEdge@RanchHope.org**

We look forward to seeing you here at Camp!



Camper Q & A

Here are the answers to some of the questions you might be asking:

- What time should I arrive at and be picked up from Camp?
 - Please arrive at 8:50am and arrange to be picked up at 3pm.
- What do I wear to camp?
 - Please wear comfortable, sturdy shoes like sneakers - not flip flops! We will be running, climbing, and jumping in outdoor settings. Please wear shorts or pants and a t-shirt.

What do I receive for registering?

- A week of camp, a free T-shirt, lunch, snacks, program certificate, and a ton of fun!
- What about meals and drinks at camp?
 - We will be serving lunch every day. **Please make us aware of dietary restrictions.** There will be water supplied throughout the day. Campers are also welcome to bring their own water bottles labeled with your name.
- How can parents contact campers during camp?
 - If you would like to reach campers during camp please contact the Camp office at (856) 279-2519. We will relay messages, or contact your child for you. **Please DO NOT send cell phones to camp!**
- How will the camp contact parents if needed?
 - We will telephone the primary and emergency contacts provided at registration.
- What happens if I need to take medication at camp?
 - Our nurse will take responsibility for any medication designated on the medical form and sent to camp. Medications will be held in the medical Office in a locked cabinet. Staff will distribute medications as directed. Medication will be held for 3 days after the end of camp, if not returned/picked up in that time frame it will be discarded.
- What if a parent misses pick up time?
 - Pick up time is 3pm. Please make every effort to be on time. Extended drop off and pick up hours are available for a small fee. Please fill out the appropriate document and plan accordingly.



Packing List

What should I bring to camp every day?

- Full tummy! Running around in the sun burns up energy, eat before you come and drink lots of water while you are here!
- Smiling face
- Positive Attitude
- Excitement!
- Sturdy, closed-toed shoes that can be worn while running, climbing, and jumping
- Shorts or Pants
- Bathing suit and towel, goggles, etc
- Bug Spray
- Sun Screen
- Any needed medications

By the first morning of camp please return to registration:

- **Camp Application**
- **Behavior Management Policy**
- **Parental Agreement Form**
- **Signed Waiver**
- **Signed Medical Release Form**
- **Over-the-counter Medication Form**
- **A copy of your child's immunization record**
- **Any remaining registration fee**

Please **DO NOT** bring to camp:

- Cell phones, radios, ipods, tablets, or other electronics.
- Any valuable or expensive clothes or belongings and that could get dirty or lost. Camp Edge is NOT responsible for lost or stolen items.
- Weapons or inappropriate materials of any kind.



Application for Summer Camp 2019

Name _____ Gender _____

Age as of July 1st, 2019 _____ Birth Date _____ - _____ - _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name: _____

Phone # _____ Secondary # _____

Email _____

2nd Parent/Guardian: _____

Phone # _____ Secondary # _____

Email _____

Emergency Contact: _____

Phone # _____ Relationship: _____

Additional Person(s) authorized to PICK-UP your child:

_____ Relationship: _____

_____ Relationship: _____

Person(s) NOT authorized to PICK-UP your child:

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.



Camp Edge seeks to make it's services available to all persons regardless of their ability to pay.

Please contact Camp Edge for details regarding scholarship application procedures. The financial aid is made available due to generous contributors and from the Camp Edge Auxiliary, which hosts numerous events throughout the year.

You are welcome to hand-deliver, mail, or e-mail these forms to Camp Edge. Please complete all blanks on these forms. If there is a blank that it not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to accept a camper until **all paperwork** has been submitted.

Registration Cost

- _____ \$260 per camper
- _____ \$210 per camper (family rate, 2 or more campers)

How did you hear about us?

- _____ Website
- _____ Facebook
- _____ Have attended a past camp
- _____ Family/Friend
- _____ School
- _____ Direct Mail
- _____ Print marketing
- _____ Other (please specify)"

Swimming Assessment:

- Non-Swimmer (unable to swim/no swim instruction) _____
- Beginner (some limited swim instruction) _____
- Intermediate (average swimming ability) _____
- Advanced (skilled swimmer) _____

Extended Hours

Check each box that your child will require early or late pickup on. Each box checked costs an additional \$5 added on to the registration fee.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Total
Early drop-off 8:00-8:45am						
Late pick-up 3:15-4:00pm						



BEHAVIOR MANAGEMENT POLICY

BEHAVIOR MANAGEMENT/DISCIPLINE AGREEMENT

Child's Name:

Age as of July 1st, 2019:

Camp Edge wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive and, most importantly, fun summer.

Camp Rules:

1. Be respectful to yourself, others, and camp property.
2. Listen and follow directions.
3. Keep hands, feet and all other body parts to yourself.
4. Be responsible for your personal belongings at all times.
5. Leave expensive toys/items at home. We are not responsible for the loss or theft of these items.
6. Cell phones are not recommended and you assume all risk of damage or loss.

Camper Consequences:

1. Redirection of camper
2. Verbal warning or time-out
3. Visit to Camp Director and phone call home. Child will speak to parents at that time.
4. In the event that a second phone call is necessary, the child may be suspended from camp.
5. Parents will be notified when they pick the camper up when they can return to camp.
6. In the event of consistent or excessive failure to follow the rules, the camper will be suspended from camp.
7. If the camper severely endangers the physical, mental or emotional health of another individual or themselves, the camper will be expelled from the camp.
8. **Camp Edge reserves the right to terminate a child's enrollment at our discretion.**

BEHAVIOR MANAGEMENT/DISCIPLINE AGREEMENT

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is suspended or expelled from camp for failure to follow the rules. I will not receive a refund for any camp monies for that time. If my child is removed from the camp permanently I will not receive a refund for that week. My contract will be terminated at the end of the week that the camper expelled.

Parent/Guardian Signature: Date:

Camper Signature: Date:



PARENTAL AGREEMENT

Child's Name:

Age as of July 1st, 2019:

Communication between camp and parents is paramount to the success at Camp Edge. Please list the email addresses and phone numbers you would like us to use to contact you with updated emergency notification or camp information.

Please list the phone numbers, in order, that you would like us to use to notify you. These should be the numbers where we can reach you during camp hours.

Name: _____ Phone: (____) _____ OK to text

Name: _____ Phone: (____) _____ Ok to text

Please list the email you would like us to use to notify you of any camp information. This should be an email that you can always access.

Name: _____ Email: _____

Name: _____ Email: _____

*If at any time during the summer you would like to change this information, you may email the Camp Director.
CampEdge@RanchHope.org

Parental Agreements:

- 1) Camp Edge agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by Camp Edge administration.
- 2) The parent/guardian agrees to inform Camp Edge within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) My child has permission to participate in all Camp Edge swimming activities.
- 4) The parent/guardian authorizes the application of sunscreen and/or insect repellent for his/her child by Camp Edge staff.
- 5) I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.

Cancellation Policy:

If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned less the deposit. If fees have been paid out but cancellation is made **less** than two weeks before the start of the camp session the balance will be returned less the deposit and an additional 20%.

Parent/Guardian signature: Date:

Disclosure and Assumption of Risk



Programs conducted with Camp Edge/Ranch Hope, Inc., include a variety of activities, some of which are physical in nature. The level of participation in any activity is completely up to each individual participant AT ALL TIMES.

Ranch Hope Inc. / Camp Edge is committed to SAFETY FIRST, however, there are risks, which must be assumed by each participant that he or she may suffer an emotional or physical injury. As a result, we must ask you to read the following statement and sign your name in the space provided if you choose to participate in the program activities.

“I understand that parts of this program may involve physical activity and that I have the choice in deciding my level of participation and I assume responsibility for my choices.

I have completed the medical information section on the reverse side (or attached) of this document and have not omitted disclosure of any condition that bears upon my fitness to participate in activities. It is my understanding that my medical information is strictly confidential and will only be reviewed by Ranch Hope Inc. / Camp Edge personnel.

I give Ranch Hope, Inc., Camp Edge permission to transport myself or my child to a local hospital or call Emergency Medical Services in event of an emergency or when in need of medical attention.

I will not hold Ranch Hope, Inc./Camp Edge, State of New Jersey Department of Environmental Protection and all other sponsors responsible from any charge, claim, or cause of action brought against them as a result of injury to the participant.”

I also give permission for any photos or video taping of myself or my child, be used or reproduced for us by Ranch Hope or Camp Edge for advertising purposes.

Date

Participant's Name (please print)

Signature (if under 18, parent or guardian must sign)

Camp Edge is located at

26 Camp Edge Road

Alloway, NJ 08001

Medical & Release Form



General Information

Student name _____
Age (@ start of camp) _____ Sex _____
Parent or Guardian _____ Home Phone () _____

Return to:

Address _____ Work Phone () _____
City _____ State _____ Zip _____
Email _____

PO Box 325
Alloway, NJ 08001

Second Parent or Guardian _____ Work Phone () _____

If above are not available in emergency, notify: _____

Relationship _____ Home Phone () _____ Work phone _____

Health History

Conditions & Diseases * Check all that apply Allergies * indicate severity of all that apply:

___ Frequent Ear Infections ___ Diabetes Source Specify Mild Moderate Severe
___ Heart Defects/Disease ___ Hypertension Food _____
___ Convulsions /Epilepsy ___ Mononucleosis Animals _____ HIV
Positive ___ Asthma Hay fever _____ Behavioral
___ Hepatitis Insect stings _____
___ Mental Conditions ___ Other _____ Medications _____

Please elaborate on any of the above conditions, diseases or allergies that you marked:

Health Care

Physician's Name _____ Phone Number () _____

Dentist's / Orthodontist's Name _____ Phone Number () _____

Date of last health exam: _____ (Doctor's visit is required within 24 months of Camp Edge attendance)

Is the student currently under a physician's care for any injury or illness? Explain:

Are there conditions that will restrict the student's involvement in any Camp Edge activities? Explain:

Are there any dietary concerns of which Camp Edge should be made aware? Explain:

List the Medications to be given by your child's teacher while at Camp Edge

Medication _____ Dosage _____ What Time to take _____

Medication _____ Dosage _____ What Time to take _____

**All Medications must be in their original container with original label.
Immunization Records Needed.**

Camp Edge

Permission for over the counter medications

Name: _____ Date of Birth: _____

Allergies: _____ Date: _____

*Guardians: Please check each medication which may be given as needed during the camp session and cross out any which may **not** be given. Camp Health Director will receive notification of each medication administered within 24 hours (or at first business day after administration.)*

- Acetaminophen 325mg:** 2 tablets every 4 hours as needed for pain or fever. Max daily: 12 tabs (contact provider if needed >24 hours). Possible side effects: drowsiness, nausea, vomiting, abdominal pain, rash.
- Ibuprofen 200mg:** 1-2 tablets every 4 hours as needed for fever, aches, and/or muscular pain. Max dose: 6 tabs (contact provider if needed >24 hours). Possible side effects: heartburn, upset stomach, stomach pain.
- Benadryl 25mg:** 1-2 capsules every 4-6 hours as needed for minor allergy symptoms. Max daily dose 6 caps. Possible side effects: nervousness, dizziness sleeplessness, marked drowsiness.
- Eye Wash:** Use as needed for irritation, allergies or minor foreign body removal. Possible side effects: redness, burning of eyes. Max daily usage: 3 times, contact healthcare professional if not relieved after 3 uses.
- Antacid (Tums):** 2-4 tablets chewed after meals and at bedtime as needed for indigestion and heartburn. Max daily dose: 3 treatments. Possible side effects: Belching and rectal flatus (gas).
- Menthol cough drops:** Take as needed. Max daily dose: 8 drops. Possible side effects: persistent cough.
- Triple antibiotic ointment (bacitracin, Neomyein, and Polymixin):** Apply to minor cuts, scrapes, or burns 1-3 times daily to prevent infection, if no allergy present. (external use) Max daily use: 3 treatments. Possible side effects: rash, itching of skin, stinging, burning, skin reaction.
- Calamine lotion:** Apply to skin to relieve itching caused by insect bites, poison ivy, and minor skin irritations. To be used as often as needed (no maximum daily use). For external use only. Discontinue if burning or lotion-caused rash develops. Should not be applied to blistered, raw or oozing arears of the skin. Possible side effects: rash, itching of skin, stinging, burning, skin reaction.
- Loratadine 10mg:** Take one tab by mouth daily as needed for allergy symptoms (running nose, itchy watery eyes, congestion, sneezing) Max daily dose: 1 tab.
- Bismuth Subsalicylate (Pepto Bismol):** Take as needed for diarrhea, 2 tablespoons per dose, not to exceed 16 tablespoons in 24 hr.

The above mentioned over-the-counter medications should be used as directed in the treatment of minor symptoms. Should the symptoms be severe, persist, or worsen after utilizing the above-mentioned medications, the patient should be seen by the nurse or physician for further evaluation.

Where specific name-brand medication is mentioned in the above list of over-the-counter-medication orders, a different name-brand may be substituted if it is basically the same medication to be used for the same purpose.

Signature of Guardian: _____ Date: _____