



Summer Camp Registration Packet



GENERAL INFORMATION

Dates:	July 12-16, 2021
Location:	Des Moines, Iowa
Eligibility	For students who have just finished their freshmen year of high school through senior year of high school (ages 14-18)

CAMP DESCRIPTION

Pride Camp is an epic, life changing program for LGBTQ and allied youth to learn, grow, and connect with each other. The mission of Iowa Safe Schools' Pride Camp is to provide a safe and affirming place for LGBTQ & allied youth to learn valuable life skills and network with other LGBTQ youth in a supportive and nurturing environment.

Pride Camp is the first and only LGBTQ youth summer camp in the Midwest, and offers a safe space for students in an overnight, summer camp format.

Hello,

We are thrilled that you (or your child) are interested in attending Pride Camp 2020! Please fill the following packet out in its entirety and return to Becky Smith, Pride Camp Director by June 30th, 2020. Be sure to read each section carefully and fully. Packets must have all appropriate signatures and information disclosed for a camper to be eligible to attend Pride Camp. Camper Registration Packets can be returned in the following ways:

1. Email completed packets in .PDF or .DOCX format to kaylyn@iowasafeschools.org
2. Mail a physical copy of the completed packet to:

**Iowa Safe Schools
ATTN: Kaylyn Fisher, Pride Camp
P.O. Box 704
Des Moines, IA 50303**

Once you have returned your Pride Camp registration packet, remember to pay any remaining balance due. We look forward to meeting all our Pride Campers in July!

Best,

Kaylyn Fisher

Pride Camp Director

CAMPER HEALTH INFORMATION



Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Name Camper will go by during Pride Camp: _____

Camper's Gender: _____

Birth Date _____ Age on arrival at camp: _____

T-shirt size: _____

To Parent(s)/Guardian(s): Please COMPLETE this Camper Health Information Form below and return to Iowa Safe Schools. Attach additional information if needed. Forms may be emailed to Becky@IowaSafeSchools.org, or mailed to P.O. Box 704, Des Moines, IA 50303.

Camper Home Address:

_____ Street Address City State Zip Code

Please Check One: Parent Guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

Email: _____

Home Address:

(If different from above) _____ Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- This camper has no dietary restrictions
- This camper is a vegetarian
- This camper is a vegan
- This camper is kosher
- This camper is lactose intolerant
- This camper is gluten intolerant/gluten free
- Other, *please explain in space to the right.*

Note: If campers do not disclose dietary needs/restrictions, they will be counted as eating a standard Pride Camp meal that is provided. Note that if camper forms are submitted after the June 30th deadline, meal accommodations cannot be guaranteed.

Restrictions:

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Signature of Camper _____ Date: _____

Signature of Custodial Parent/Guardian _____ Date: _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

CAMPER HEALTH HISTORY FORM 1

Developed and adapted from: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name:

_____ First Middle Last

Birth Date: _____
Month/Day/Year

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Pride Camp requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

Cross out any non-prescription medication the camper should NOT be given.

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimite)
Calamine lotion
Laxatives for constipation (Ex-Lax)
Epinephrine (Epi-Pen)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Please list side effects caused by any medication the camper will be taking throughout Pride Camp:

CAMPER HEALTH HISTORY FORM 2

Developed and adapted from: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First Middle Last

Birth Date: _____
Month/Day/Year

Please note that answers to any of the below questions does not automatically disqualify a camper from attending Pride Camp.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. History of Migraines?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. History of suicide attempts?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Wear glasses, contacts, or protective eyewear?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, Social Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Have a history of/current diagnosis of depression? Yes No
2. Have a history of/current diagnosis of an eating disorder? Yes No
3. Have a history of running away? Yes No
4. Have a history of/currently engages in self-harm? Yes No
5. Have a history of/currently experiences panic/anxiety attacks? Yes No
6. Have a history of/currently engages in violent outbursts? Yes No
7. Have a history of/currently experiences sexual trauma? Yes No
8. Have a history of/currently experiences violent trauma? Yes No
9. Have a history of/currently experiences suicidal ideation? Yes No
10. Have a history of/currently experiences PTSD? Yes No
11. Have a history of/currently experiences anxiety associated with loud noises? Yes No
12. Have a history of/currently engages in substance misuses? Yes No
13. Have a history of/currently in foster care or DHS placement? Yes No

Please explain "Yes" answers in the space below, noting the number of the questions

Mental, Emotional, and Social Health: Please explain any significant information about life events that continually affect the camper's life, of which you feel Pride Camp staff should be aware of.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Emergency Contact Information Form

**This information will be extremely important in the event of an accident or medical emergency.
Please be sure to sign and date this form**

Name:

Last

First

MI

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

Street

City

State

Zip Code

Primary Emergency Contact Name: _____

Last

First

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Secondary Emergency Contact Name: _____

Last

First

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information

Company: _____ Policy #: _____

Comments (include **any** special medical or personal information you would want an emergency care provider to know, including allergies – or special contact information)

Signature: _____ **Date:** _____

Photo Release Form

Iowa Safe Schools
P.O. Box 704
Des Moines, IA 50303

Permission to Use Photograph & Media

Subject: Pride Camp Events

I grant to GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), its representatives and employees the right to take photographs or other electronic media of me and my property in connection with the above-identified subject. I authorize GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) may use such photographs or other electronic media of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above, and my signature below indicates that I agree to the above photo/media release:

Signature: _____

Printed name: _____

Signature, parent or guardian: _____ **Date:** _____

(If camper is under 18)

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES

ASSOCIATED WITH GLBT Youth in Iowa Schools Task Force, (doing business as Iowa Safe Schools), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in these activities, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activities. In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS:** Iowa Safe Schools, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Iowa Safe Schools
P.O. Box 704
Des Moines, IA 50303

www.IowaSafeSchools.org



I acknowledge that activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I hereby hold harmless the GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), from any interpersonal relationships that may occur during the duration of Pride Camp or thereafter, or any other GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) events. This includes interpersonal relationship between campers and counselors.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature	Date	Participant's Name	Age
-------------------------	------	--------------------	-----

(Please print legibly.)

Parent/Guardian Signature	Date	Parent/Guardian Name
---------------------------	------	----------------------

(If under 18 years old, Parent or Guardian must also sign.)

Pride Camp Roommate Questionnaire

Please answer these questions honestly, as they will help Pride Camp staff determine room assignments. Your answers are confidential, and will not be shared with other campers.

1. Is there a certain gender identity or sexual orientation you prefer sharing a room with? **Be honest.**

2. Are you a heavy sleeper?.....Yes No
3. Are you bothered by clutter or mess?.....Yes No
4. Do you like to shower in the morning, or at night?.....Morning Night
5. Are you an early bird, or night owl?Bird Owl
6. What is your favorite color? _____
7. Are you a social butterfly, or a secluded caterpillar?.....Butterfly Caterpillar
8. Write three words that describe your personality well

9. Favorite Musician or Artist_____
10. Favorite Movie or Netflix Series_____
11. Favorite Cartoon Character_____

12. Are you more quiet or loud?Quiet Loud
13. Outgoing or shy?.....Outgoing Shy
14. Do you sleep better in a room that is warm or cool?.....Warm Cool
15. Do you snore?.....Yep Nope
16. Do you like to sleep with noise in the background?.....Yes! No!
17. Do you have any pet peeves that you really just can't tolerate? (i.e. pen clicking, nail biting, loud music, snoring etc.)

18. Anything else you want to share?

PRIDE CAMP RULES CONTRACT

Pride Camp is a safe space for all LGBTQ and allied youth to learn, grow, and connect with each other in a one-of-a-kind week of summer camp!

In order to create and maintain a welcoming and affirming space for all campers, we ask that all campers sign this contract and agree to follow the below Pride Camp rules and Camp Norms.

1. I agree to respect the names and pronouns that campers have at Camp, and will not question anyone's identity
2. I agree to participate fully to the best of my ability for each activity
3. I agree that if I am not able to participate in any activity, I will inform a Pride Camp counselor or staff member
4. I agree to not engage in any behavior at Pride Camp that will put myself, other campers, or Pride Camp staff or counselors in any danger
5. I agree that I will communicate respectfully with everyone in attendance at Pride Camp
6. I agree to have a positive attitude at Pride Camp!
7. I agree to treat the Pride Camp facilities with respect, and will pay for any damages caused by me or my behavior
8. I agree to follow directions given to me by any Pride Camp staff member, counselor, or guest speaker
9. I agree to be respectful of the personal space and boundaries of all Pride Camp attendees
10. I agree that I understand what is expected of me at Pride Camp, what the atmosphere will be like, and I feel ready to participate fully as an active member of the Pride Camp community.

I understand that failure to comply with these rules may result in my guardian being called to pick me up early from Pride Camp.

Camper Name: _____

Camper Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Verification of Full Disclosure

I hereby hold harmless the GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), from any consequences associated with undisclosed information in this packet regarding my camper or anything that may impact my camper's ability to attend Pride Camp.

This Verification of Full Disclosure Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I CERTIFY THAT I HAVE FULLY DISCLOSED ANY AND ALL INFORMATION ABOUT THE CAMPER, INCLUDING BUT NOT LIMITED TO PHYSICAL, MENTAL, SOCIAL, EMOTIONAL, OR BEHAVIORAL WELLBEING/CONDITIONS THAT MAY IMPACT THEIR ABILITY TO ATTEND PRIDE CAMP. I CERTIFY THAT I AM THE LEGAL CUSTODIAN OF THE CAMPER I AM SENDING TO PRIDE CAMP, AND AM ABLE TO GIVE CONSENT ON ALL ITEMS IN THIS REGISTRATION PACKET. I UNDERSTAND THAT WITHHELD INFORMATION MAY RESULT IN CAMPERS BEING REQUIRED TO LEAVE CAMP EARLY THROUGH A PHONE CALL TO THE FIRST EMERGENCY CONTACT LISTED. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Camper Name: _____

Camper Signature: _____

Date: _____

Iowa Safe Schools
P.O. Box 704
Des Moines, IA 50303

www.IowaSafeSchools.org

