



Dear Camp FRESH applicants and parents/family/guardians:

Greetings, I hope this letter finds you well and ready for some summertime relaxation away from school – and for the adults, maybe a vacation from work! I am very excited to say that Camp FRESH 2019 is shaping up to be another extraordinary year of change and growth. The program will run from June 15 to August 5 for the 13- to 15-year-old group; and June 16-August 6 for the 16- to 18-year-old group. The hours are 11am-5:30pm for each group.

As we move into our 14th summer, we have many great things planned for this summer. And as always, when it comes to improving health, there's still so much more work to be done.

What's Camp FRESH all about?

This year, we're going to continue engaging the community, gathering information on what could make Wilmington healthier. Of course, this all starts by ensuring our Camp FRESH 2020 is the healthiest it can be.

We will do this through:

- Education – Camp FRESH will educate participants on various topics including nutrition, physical health, mental health, sexual health and overall wellness
- Practical Application – Camp FRESH staff will lead participants through activities related to the above educational topics; this will include regular exercise and participation in planned physical activities
- Outreach – Camp FRESH participants will give back to the Wilmington community by participating in a variety of community-based activities
- Camp FRESH 360 – A program that enables campers, families and staff to stay connected through monthly meetings of education and recreation.

How to apply:

If you are interested in applying for a position in Camp FRESH, please complete the application, which is attached. This includes a medical clearance form, which is required. *Camp FRESH is a program for young people from Wilmington and the surrounding communities who are enrolled in or are eligible for Delaware Medicaid.* It is important that you complete all of the information requested; **we will not accept incomplete applications.** Space is limited, so submit applications as soon as possible. If you have any questions, please feel free to contact Shirley Ibrahimovic at 302-661-3012.

Applications are due on April 30, 2020.

All the best to you,

The Camp FRESH Staff



Camp FRESH 2020 Application Checklist

Applications are due April 30, 2020

Please be sure to include all of the following information:

1. Camp FRESH Registration Form w/Essay Response	
2. Camp FRESH Recommendation Form	
3. Letter of Reference (see Recommendation Form)	
4. Camp FRESH Participant Contract	
5. Camp FRESH Liability Form	
6. Camp FRESH Health History	
7. Camp FRESH Physical Fitness Questionnaire	
8. Camp FRESH Medical Clearance Form	
9. Copy of Medicaid Card	

Mail, fax or email applications to:

- Mail:
Camp FRESH
Preventive Medicine and Rehabilitative Institute
3506 Kennett Pike
Room 150
Wilmington, DE 19807
- Fax:
302-320-2813
- Email:
sibrahimovic@christianacare.org



Camp FRESH 2020 – Registration Application

Please print clearly. Applications that are illegible will not be accepted.
Applications are due by Tuesday, April 30, 2020

Please fill out all boxes:

Last Name:	First Name:
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Address (please include house number and street name):
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City:	State:	Zip Code:
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Date of Birth:	Phone Number:
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School:	Current grade:	
Are you a member of your school's Wellness Center?	Yes	No
Are you member of any clubs, community groups, etc?	Yes	No
If you answered yes, which clubs, community groups, etc. are you a part of?		

Please check the option which applies to you:

<input type="checkbox"/>	My family has Medicaid.
<input type="checkbox"/>	My family has private insurance.
<input type="checkbox"/>	My family does not have insurance/Unsure

Essay Question

Please type, or neatly handwrite, the answer to the following question: "What makes you a great candidate to be chosen for Camp FRESH this upcoming summer?" You may write your answer below and on the back, or attach, if typed.



Camp FRESH 2020 – Recommendation Form

**This is to be completed by a teacher, mentor or community members who knows the student.
WE WILL NOT accept recommendation forms and letters from family members.**

Please print clearly. Applications that are illegible will not be accepted.
Applications are due April 30, 2020

Nominator's Information

Please fill out all boxes:

Last Name:	First Name:
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Address (please include house number and street name):
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City:	State:	Zip Code:
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Phone:	Email:
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Student Information

Last Name:	First Name:
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Nominator's relation to nominated student:
How long have you known nominated student?

Why should the nominated student be considered for Camp FRESH?
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Shirt Size: Small Medium Large X-Large XX-Large XXX-Large



Camp FRESH Participant Contract

This form *must* be submitted along with application by April 30, 2020

I, _____, agree to the following items:
(camper's name)

Camp FRESH participants will be paid \$250.00 at the completion of the program. Payment will be determined before the start of Camp FRESH – either in the form of a check or a VISA/MasterCard gift card. Please initial and date that you have read this part (initials) _____ (date) _____

Camp FRESH participants will not utilize cell phones for any purpose aside from emergency phone calls or to arrange transportation. Participants may only charge their phones during approved times. Cell phones will be placed in a bag and kept in the manager's office. Cell phone use for any other reason will be grounds for being asked to leave that day's session.

Camp FRESH participants are not to bring in food or drinks to the building; if campers are caught with food or drinks, they will be asked to turn them over to staff. Camp FRESH provides two meals – lunch and dinner, along with healthy snacks and water.

Camp FRESH participants will not engage in acts of physical violence or bullying, use offensive language, or disrespect staff or other participants. This behavior will not be tolerated and will be grounds for being asked to leave the program.

Camp FRESH participants who are caught stealing from staff or other participants, caught with alcohol or drugs, caught with weapons will be dismissed from the program and will not be eligible for any incentives.

Camp FRESH participants who are asked to leave 2 times for any issues mentioned above will be dismissed from the program.

Camp FRESH staff reserve the right to send any teen home if their behavior is causing disruptions, in addition to anything listed on this contract.

ChristianaCare is not responsible for providing transportation to and from this program. ChristianaCare will provide Camp FRESH teens with DART bus passes to cover the costs for public transportation at no expense to the participant. In addition, ChristianaCare staff will ensure participants are taken safely to the DART stop outside the facility. Camp FRESH participants are to adhere to all DART policies while traveling on public transportation.

Camp FRESH participant hours count toward community service; however, if a teen is asked to leave the program, staff reserve the right to not authorize the hours worked.

I agree to participate in Camp FRESH 360 as a commitment to my contract with Camp FRESH.



Camp FRESH Dress Code

During your summer at Camp FRESH, we want you to have the best experience possible. This dress code ensures your safety and comfort for a positive Camp FRESH experience. It will be enforced for all individuals attending Camp FRESH, at all times. (Continued on next page)

Camp FRESH participants:

1. Will wear a Camp FRESH t-shirt at all times, unless otherwise directed
2. Will wear closed-toe shoes only (no flip flops or sandals); athletic/tennis shoes are recommended
3. Will wear appropriate swimwear for all water recreation
 - a. Swimming trunks for males: No shorts, cut-off pants, or Speedos
 - b. Swimsuits females: One-piece suits recommended
4. Will not wear articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting
5. Will not wear excessively baggy or tight clothing
6. Will not wear items of clothing which expose stomach, chest, undergarments, or are transparent (see-through)
7. Will not wear clothing which are inappropriately short shorts or skirts

If you choose to dress inappropriately, you will be asked to change or will be sent home for the day.



Camp FRESH Attendance Policy

The Camp FRESH program will run from June 15 to August 5, every Monday and Wednesday, for the 13-to 15-year-old group; and June 16 to August 6, every Tuesday and Thursday, for the 16- to 18- year-old group. The hours are 11am-5:30pm for each group. Camp FRESH staff recognizes that participants are sometimes involved in additional programs and opportunities. The goal of this policy is to accommodate participants with the flexibility to attend outside opportunities for self-betterment, while at the same time fostering the campers' commitment and dedication to Camp FRESH.

If you know in advance that a Camp FRESH participant will be missing sessions of the program, please share these dates with staff as soon as possible. This will be helpful with planning.

1. Camp FRESH participants can only miss up to 3 of the 15 sessions without penalty.
2. Participants missing more than 3 sessions will not be eligible for the \$250 stipend.
3. Select accommodations will be made for medical or family emergencies. However, if possible, notice should be given to the staff prior to any absences from Camp FRESH.
4. Camp FRESH participants may only be late one (1) time. Any additional instances where a participant is late will be considered an absence.

I, _____, have read and understand the information above and will be responsible for my own actions as a participant of Camp FRESH. I also acknowledge that failure to follow any of the rules set forth in this agreement may serve as grounds for being ineligible to receive the \$250 stipend at the end of the program.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Camp FRESH

Release of Liability, Statement of Responsibility and Photo Release

Must be completed and returned by parent or legal guardian.

Please Print Clearly or Type:

Child's full name _____ Date of Birth _____
Sex ___ Male ___ Female

Street Address _____ City _____ State _____ Zip _____

Child's Email _____ Child's Social Security Number _____

In case of emergency, notify (name) _____ Day phone _____ Night phone _____

This Agreement concerns the risks associated with your child's participation in Camp FRESH. It has important legal consequences. The final decision to send your child to Camp FRESH should only be made after you read and fully understand the terms of the Agreement and agree to be bound and have your child be bound by its terms. For convenience and clarity, the term "I" refers to you, the signer (parent or guardian). "My child" refers to your child, and Christiana Care Health Services is hereafter referred to as "Christiana Care".

1. **I certify** that I am the parent or legally appointed guardian of the child named above.
2. **I understand** that reasonable care and precaution will be taken to avoid accidents, that medical personnel will be available at Camp FRESH, and that all children participating in Camp FRESH will be under close supervision. I understand that the program may pose risks of illness or injury because it involves vigorous activity, gatherings of groups of people, and outdoor settings. In return for ChristianaCare accepting my child into Camp FRESH, I release ChristianaCare and its employees and volunteers from all liability which may result from my child attending Camp FRESH, using the facilities, and/or participating in Camp FRESH events, including any injury to my child or damage to my child's property, or any injury to another person caused by child.
3. **I understand** that if my child becomes ill or is injured while at Camp FRESH, the staff will contact me and I will be responsible for picking up my child.
4. **I hereby give permission** to ChristianaCare and its employees and volunteers to use photographs taken of my child while attending the Camp FRESH, for the purpose of promoting the program and/or any other programs sponsored by ChristianaCare.
5. **I understand** that ChristianaCare is not responsible for providing transportation to and from this program. However, ChristianaCare will provide Camp FRESH teens with DART bus passes to cover the costs for public transportation at no expense to the participant. In addition, ChristianaCare staff will ensure participants are taken safely to the DART stop outside the facility. Camp FRESH participants are to adhere to all DART policies while traveling on public transportation.
 - Including use of photos on ChristianaCare's website
 - Not including use of photos on ChristianaCare's website

By signing below, I state that I fully understand all the conditions of this Agreement and agree to be bound by, and to have my child be bound by all its terms.

Print Name of Parent or Guardian _____

Signature of parent/guardian _____



Camp FRESH 2020 Health History Form

You must complete and submit with application; applications submitted without a health history form will not be considered.

A complete and accurate health history is needed in order for Camp FRESH staff to provide high quality care. The Camp FRESH application will not be considered complete unless this form is complete. **A Parent/Legal Guardian must complete this form in pen. Please print all information.**

Student's Name _____ DOB _____ Female Male
(Last) (First) (MI)

Does your child have any allergies? (food, medication, latex)

Yes No If yes, please list? _____

Does your child have any dietary restrictions/needs (i.e. no pork products, vegetarian options only)

Yes No If yes, please list? _____

Please provide the following information about medicines your adolescent is taking.

Name of medicines	Reason taken	How long taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your adolescent ever been hospitalized overnight?

Yes No If yes, give the age at time of hospitalization and describe the problem.

Age	Problem
_____	_____
_____	_____

Has your adolescent ever had any serious injuries/illness? Yes No

If yes, please explain. _____

Has your child been seen by a health care provider in the past year? Name of provider: _____

Yes No If yes, please indicate the number of visits: _____ Phone#: _____

Reason(s) for visit(s): _____

Has your child been seen in an emergency room within the last year?

Yes No If yes, please indicate the number of visits: _____

Reason(s) for visit(s): _____

Has your child been seen for a dental visit in the last year?

Yes No Name of Dentist: _____

Has your child ever been hospitalized or received counseling for emotional health?

Yes No If yes, when? _____ Where? _____

Reason: _____



Please indicate which of the following your **CHILD** has ever had:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Acne/Skin Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> ADHD/learning disability | <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Sports Injury |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Stomach/Intestinal Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pregnancy/Child Birth/Miscarriage | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Rheumatic Heart Disease | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis |

If any of the above is checked, please give more detail _____

In the **past year**, have there been any changes in your family such as:

- | | | | | |
|-------------------------------------|--|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Change in school | <input type="checkbox"/> Births | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Move to a new house | <input type="checkbox"/> Deaths | <input type="checkbox"/> Other |

Please check any of the following illnesses that your **FAMILY MEMBERS** (parent, brother, sister, grandparent, aunt, uncle, etc.) have ever had and indicate which family member next to the illness.

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD/learning disability_____ | <input type="checkbox"/> Obesity _____ | |
| <input type="checkbox"/> Alcoholism/Drug Abuse_____ | <input type="checkbox"/> Seizures_____ | |
| <input type="checkbox"/> Anemia _____ | <input type="checkbox"/> Headaches _____ | <input type="checkbox"/> Sickle Cell_____ |
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Heart Disease_____ | <input type="checkbox"/> Stroke_____ |
| <input type="checkbox"/> Asthma_____ | <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Thyroid Disease_____ |
| <input type="checkbox"/> Birth defects_____ | <input type="checkbox"/> Hemophilia _____ | <input type="checkbox"/> Tuberculosis_____ |
| <input type="checkbox"/> Cancer_____ | <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Unexplained Death_____ |
| <input type="checkbox"/> Cystic Fibrosis_____ | <input type="checkbox"/> High Cholesterol _____ | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Deafness _____ | <input type="checkbox"/> Kidney/Bladder Disease_____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Mental Illness_____ | <input type="checkbox"/> Other _____ |



PARENTAL/GUARDIAN CONCERNS

Below are some common concerns of adolescents and families. If you have any of these concerns, please encourage your child to talk to the staff social worker, or you can feel free to call the Camp FRESH manager (302-428-6525) to discuss your concerns.

- | | |
|------------------------------------|-----------------------------------|
| Weight/Diet/nutrition | Violence |
| Sleep Patterns | School grades truancy/dropout |
| Smoking cigarettes/chewing tobacco | Relationships with family members |
| Choice of friends | Drug/Alcohol use |
| Self-image/self-worth | Sexual behaviors |
| Depression | Sexual identity |
| Lying, Stealing, or vandalism | Excessive moodiness or rebellion |

If you would like assistance with establishing Insurance, finding a doctor, or a dentist, please call the Camp FRESH Office at 302-661-3012.

Name of person completing form: _____

Relationship to student: _____ Date: _____

Camper: _____ Date of application: _____



Camp FRESH 2020 Medical Clearance

You must complete and submit with application; applications submitted without a medical clearance will not be considered.

A complete medical clearance is needed in order for Camp FRESH to maintain a safe environment for participants. The Camp FRESH application will not be considered complete unless this form is complete.

If you have had a physical exam for school or sports participation within the last 12 months, you may attach that examination form instead of this form. If not, use the form below.

If you don't have a primary care doctor or need assistance accessing a School-Based Health Center, please contact Shirley Ibrahimovic at (302)-661-3012 or email sbrahimovic@christianacare.org.

Participant's name: _____

Address: _____

Date of birth: _____

Physician's name: _____

Address: _____

Telephone number: _____

- Previous exercise/physical restrictions have been established for this patient. Guidelines are attached or are as follows:

- YES. My patient _____ has no current unstable medical problems that are a contraindication to participating in Camp FRESH. I approve of and support his or her participation in this program, and I have discussed any potential restrictions while attending Camp FRESH. These are summarized as follows:

- NO. My patient _____ is not eligible to participate in Camp FRESH

Please indicate any special recommendations or specific comments:

Physician's signature Date

Attach copy of
Medicaid card
here.