



**What is your child's reason for wanting to attend Camp Winning Hands?**

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**What is the biggest challenge you and your child have/are experienced/experiencing?**

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**Please provide any information you feel will be helpful in assigning your child to a cabin:**

Will your child need medical attention during or throughout the night?    Yes    No

Does your child need assistance for toileting, dressing, or hygiene?    Yes    No

Other:

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**Prior Camp Winning Hands Attendance:**

Has your child previously attended Hand Camp?    Yes    No

If yes, how many times has your child attended?    \_\_\_\_\_

If yes, what year did she/he last attend?    \_\_\_\_\_

# Camp Winning Hands

Pediatric Rehabilitation

UCSF Benioff Children's Hospital Oakland

744 52nd Street, Oakland, CA 94609

Fax: (510) 450-5649 • Email: [Campwinninghands@gmail.com](mailto:Campwinninghands@gmail.com)

## Photograph/Interview Consent

Parents/Guardians:

Please read the following information carefully and make sure you fully understand it before signing. If you have questions, please call Camp Winning Hands (510) 428-3885 ext, 4716 for an explanation.

### PARENT/GUARDIAN CONSENT FORM

I authorize the following for my child: \_\_\_\_\_  
Camper Participant's Name

1. I grant permission for my child to be photographed and/or interviewed by Camp staff or permit others to photograph or interview him/her with a Camp staff member present. Camp may use the negatives or prints and interview statements for advertising or publicity purposes; including the right to use his/her first name in connection therewith.

\_\_\_\_\_ Initials

2. I waive all rights, title and interest in any proceeds raised by donation or solicitation, to or on behalf of any organization associated with Camp.

\_\_\_\_\_ Initials

**I warrant that I have the right to grant the rights herein provided.**

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## Non-smoking Agreement

I understand that Camp Arroyo, host to Camp Winning Hands (“Camp”), is a **non-smoking campus**. I have reviewed this policy with my child and she/he agrees to not smoke while attending Camp. I understand there is a **\$3,000 penalty** if my child smokes anywhere on the campgrounds and that I will be asked to immediately pick up my child from camp should he/she be found smoking while attending Camp.

## Non-use of Drugs Agreement

I understand that Camp Arroyo, host to Camp Winning Hands (“Camp”), does not tolerate use of illegal drugs or alcohol. I have reviewed this policy with my child and she/he agrees to NOT bring illegal drugs or alcohol to Camp and to NOT use illegal drugs or alcohol while attending Camp. I also agree to ensure that my child will not bring illegal drugs or alcohol to Camp and that my child will NOT use illegal drugs or alcohol while attending Camp. I understand that I will be asked to pick up my child immediately if my child brings illegal drugs or alcohol to camp or uses illegal drugs or alcohol at Camp.

By signing below, I agree to adhere to the above policies.

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Print name of **Parent/Guardian**

Signature of **Parent/Guardian**

Date

## Non-smoking Agreement

I understand that Camp Arroyo, host to Camp Winning Hands (“Camp”), is a **non-smoking campus**. I agree to not smoke while attending Camp. I understand there is a **\$3,000 penalty** if I smoke anywhere on the campgrounds and that my parent /guardian will be asked to immediately pick me up from camp if I am found smoking while attending Camp.

## Non-use of Drugs Agreement

I understand that Camp Arroyo, host to Camp Winning Hands (“Camp”), does not tolerate use of illegal drugs or alcohol. I agree to NOT bring illegal drugs or alcohol to Camp and to NOT use illegal drugs or alcohol while attending Camp. I understand that my family will be asked to immediately pick me up from camp if I bring illegal drugs or alcohol to camp or use illegal drugs or alcohol at Camp.

By signing below, I agree to adhere to the above policies.

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Print name of **Camper**

Signature of **Camper**

Date

