



Camp Winning Hands

Department of Plastic Surgery
UCSF Benioff Children's Hospital Oakland
744 52nd Street, Oakland, CA 94609
Fax: (510) 450-5649 • Email: Campwinninghands@gmail.com

Camper Application 2019

Camper Information:

Camper's Name *Last* *First* *Middle*

Upper Limb Difference

Sex Age Date of Birth Grade

Parent/Guardian Contact Information:

Street or PO Box City State Zip County

Phone Number Alt. Phone Number Email Address

T-Shirt Size:

Everyone attending Camp Winning Hands will receive a t-shirt. Please indicate the shirt size your child will need:

Youth: YM _____ YL _____ Adult: AS _____ AM _____ AL _____ AXL _____ AXXL _____

Special Concerns or Issues:

What special topics or concerns, regarding hand differences, would each of you like addressed throughout the weekend? (school, teasing, sibling issues, sports, dating, work, etc.)

Parent/Guardian:

Camper:

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

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

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:

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? _____

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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.

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.

Print name of **Camper**

Signature of **Camper**

Date

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Camper Health Concerns

Camper's Name *Last*

First

Middle

Briefly describe any special accommodations or needs your family may have throughout the weekend:

| |
|----------|
| |
|----------|

Special Dietary Needs (Intolerance)

1.

2.

3.

Allergies (Food, Environmental, Etc.)

Allergy

Reaction

Medicine Used to Manage Allergy

1.

2.

3.

4.

5.

Prescription and Non-prescription Medicine Regularly Taken

Medicine

Dosage

Reason for Medication

1.

2.

3.

4.

5.

Are all of your child's immunizations up-to-date? Yes No

Parent Signature _____

Date _____