



FAMILY CAMP 2018

June 8-10, 2018

Dear Campers:

Family Camp is back!

And we are so looking forward to this time together! Camp is hosted by the Colorado Chapter of the National Hemophilia Foundation and sponsored by the University of Colorado Hemophilia & Thrombosis Center. Our Family Camp will take place at Highlands Camp and Retreat center located in Allenspark, CO. Find directions and location information on our website: www.cohemo.org

This is a great opportunity to learn from and share experiences with one another. We also have many great activities planned for our campers including arts & crafts projects, field games, archery, canoeing, rock climbing, hikes, and educational sessions for children with bleeding disorders and their siblings. Infusion classes will also be offered from a trained HTC RN. Here are a few more details on what to expect:

- Remember, this is camping! You will be sleeping in rustic cabins with bunk beds. Mattresses are provided; however, **bed linens, pillows and towels are not provided. Please bring your own!**
- All meals will be provided beginning with dinner of Friday and ending with breakfast on Sunday.
- You may arrive at Camp any time after 4:00 pm on Friday, and we must be out of our cabins by 10:00 am on Sunday. Please report to the Retreat Center Lobby to check-in upon your arrival.

Enclosed you will find more info about Camp as well as several registration forms. We will send e-mail confirmations once we receive your paperwork, and we may send out additional information via e-mail as needed, so please be sure to check your e-mail periodically as we get closer to Camp.

We ask that you register online on the Campdocs website: [Campdocs Online Registration](#) but if you wish to fill out this paper form please send it to the locations below.

FEES: A \$50.00 non-refundable deposit per family is due with the Registration and can be paid online through camp docs.* *Scholarships available upon request

If filling forms out physically PLEASE MAKE CHECKS PAYABLE TO: [NHF Colorado](#)

Send all materials to one of the following:

- Fax: 888-246-1758 **ATTN: Family Camp**
- Email: sjeffrey@hemophilia.org
- Mail: NHF Colorado
ATTN: Family Camp
1385 S. Colorado Blvd. Suite 610
Denver, CO 80222

If you have any questions, please feel free to contact the chapter at 720-545-0755 or sjeffrey@hemophilia.org. We look forward to seeing your family!

1385 S. Colorado Blvd. Suite 610, Denver CO 80222 * (720) 545-0755 * info@cohemo.org



FAMILY CAMP 2018 FAMILY REGISTRATION FORM

Person filling out form: _____

Family Last Name: _____

Have you been to Family Camp Before? If so, when? _____

Adults Attending:

_____	T-Shirt Size _____
_____	T-Shirt Size _____
_____	T-Shirt Size _____
_____	T-Shirt Size _____

Do any of the adults attending have a bleeding disorder? Please describe:

Children Attending:

(Please specify adult or child t-shirt sizes)

_____	T-Shirt Size _____	D.O.B. _____
_____	T-Shirt Size _____	D.O.B. _____
_____	T-Shirt Size _____	D.O.B. _____
_____	T-Shirt Size _____	D.O.B. _____
_____	T-Shirt Size _____	D.O.B. _____

Do any of the children attending have a bleeding disorder? Please describe:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____



Emergency Contact Information (for someone who is not attending Camp with you):

Name: _____

Phone: _____

Relationship: _____

Language Preference: English ____ Spanish ____ Other ____ (Please specify: _____)

Please list any special dietary needs your family members may have (i.e. food allergies, gluten-free, vegetarian, etc.):

**Please note that we will relay all dietary restrictions to Highlands and a reasonable effort will be made to serve food not containing allergens as an ingredient, but an environment free of all allergens at Camp cannot be guaranteed.*

Please list any special mobility needs your family members may have (i.e. wheelchair accessibility, health concerns, physical restrictions, etc.):

**Please note that considerations and reasonable accommodations will be made in order for you to be able to participate in camp activities and be able to stay the night at Highlands. Strictly having a bleeding disorder does not qualify solely as a limitation.*

**Liability Release:**

I agree to indemnify and hold harmless the NHF Colorado and Hemophilia Treatments Centers, and each of their employees, volunteers, officers, directors and agents from any and all liability incurred as a result of my/my family's participation in Family Camp or in any Family Camp activity. I am aware that the activities involved with Family Camp involve a potential for injury to myself/my family. I assume full responsibility for any loss, injury and/or inconvenience resulting from my/my family's participation. My signature below indicates that I have read and agree with the above statements.

Signature: _____ Date: _____

Photo Release:

My signature below also authorizes volunteers and staff of NHF Colorado to photograph or permit other persons to photograph the individuals listed on this form while at the event. I agree that NHF Colorado may use the photos for the promotion of its educational programs, public relations activities, and other charitable purposes, and that such dissemination may be accomplished in any manner, including the NHF Colorado website and newsletter. I understand that these photos may assist in achieving NHF Colorado's mission and goals and hereby waive any right to compensation for such uses. The term "photograph" includes motion picture or still photography in any format, as well as videotape, videodisc, and any other mechanical means of recording and reproducing images. If I do not wish to sign this statement, I agree to personally inform the Camp Director at Camp, so that my wishes can be honored.

Signature: _____ Date: _____



MEDICAL INFORMATION

- **FACTOR CONCENTRATE AND INFUSION SUPPLIES:** You must bring sufficient factor concentrate and supplies for each affected person as well as one catastrophe dose. If you are on prophylaxis, please bring factor and supplies for scheduled treatment, as we will have infusion times available Saturday for practice. Refrigerator space is available for storing factor.
- There will be a physician on call for the weekend and hemophilia nurses at Camp from 4:00pm on Friday through 1:00pm Saturday.
- **Please bring your medical insurance cards.**
- If you need prior authorization for treatment, please be familiar with your plan's requirement for emergency care when away from home.
- All medication can be kept discretely in your cabin in refrigerators.

EMERGENCY CONTACT INFORMATION WHILE AT CAMP

Cell phones do not work at Highlands. The main number at Highlands Camp & Retreat Center is 303-747-2888. The office is open daily from 8:00 am until 6:00 pm. Highlands will gladly give you messages of a call comes in. If a call comes in after business hours, callers will be given a staff member's phone number to call and you will be given a message, no matter what time of day or night. Please ask friends and family to use these numbers for emergencies only. There is a phone in the lobby for you to use for outgoing calls.



GROUND RULES FOR FAMILY CAMP

- Smoking is permitted in designated areas only. NO SMOKING IS ALLOWED IN THE CABINS, INN, OR OTHER BUILDINGS ON-SITE.
- Alcoholic beverages and illegal drugs are not allowed.
- Highlands is a shared space facility. Please respect the needs of other groups regarding space, noise and activity.
- Campfires may not be started without permission from Highlands. If you wish to have a campfire, please contact the Camp Director to notify Highlands.
- Please do not bring real or toy weapons such as knives, guns, etc.
- Scooters, skateboards, and roller blades are not allowed at Camp.
- Pets are not allowed at Camp.
- All participants must remain in supervised areas and participate in supervised and approved activities at all times.
- Please be respectful of Quiet/Courtesy Time at 10 pm each evening.



FAMILY CAMP 2018 MEDICAL INFORMATION FORM

*The information on this form pertains to all family members attending Family Camp **who do NOT have a bleeding disorder.** You may use this one form for the whole family.*

Family Last Name: _____

Health Insurance Carrier: _____ Policy Number: _____

Does any member of your family who will be attending..... (if so, please indicate whom):

Currently take any medications on a regular basis?

**Please make sure to bring these medications to Family Camp with you!*

Have any chronic medical condition or require specific medication(s) for certain situations, such as asthma or allergy to bee stings?

Have allergies to any foods or medications?

Regularly see a doctor for a specific ailment or has had recent or repeated visits to a doctor in the past 6 months?

Have a history of a major injury, illness, or surgery in the past year?

Have any behavioral or learning issues that our staff should be aware of?

Please sign here to verify that all children attending camp with you have up-to-date immunizations:

Sign: _____ Printed Name: _____ Date: _____



FAMILY CAMP 2018 BLEEDING DISORDER MEDICAL INFORMATION FORM

*Please complete this form for each family member who has a bleeding disorder. **Please make extra copies if needed** so each person with a bleeding disorder has his/her own form.*

Family's Last Name: _____

Health Insurance Carrier: _____ Policy Number: _____

Name of person with bleeding disorder: _____ DOB: _____

Weight: _____

Factor VIII _____% _____ VWD _____ Type 1, 2, 3 _____ Factor IX _____% _____ Other

Are you on: Prophylaxis _____ Immune tolerance _____

Do you have: Central line _____ Port _____

Do you self-infuse? Yes _____ No _____

Do you have an inhibitor? F VIII _____ F IX _____ If yes, last titer _____

BU _____ Date _____

Name of product used to treat bleeding episodes: _____

Number of units needed to treat most episodes: _____

Do you have reactions to any factor concentrate? _____

If yes, name of product: _____

Reaction that occurred: _____

Please note any problem or "target" joints: _____

Please note any medical conditions, other than a bleeding disorder, for which you are under the care of a doctor:

Please note any allergies (food, drugs, nuts, bees, etc.):



**continued on next page*

Please note any medication you take on a regular basis (excluding factor concentrate):

Name of medication _____ Dose _____

Frequency _____

Note any physical limitations you may have:

Please note any behavioral or learning issues that our staff should be aware of:

If this form is being completed for your child, please sign here to verify that he/she has up-to-date immunizations:

Sign: _____ Print Name: _____ Date: _____

If this form is being for your child/children have they either had the chicken pox, a chicken pox titer, or received the vaccine?

Please send all materials, plus \$50 per family registration fee, to one of the following:

- Fax: 888-246-1758 **ATTN: Family Camp**
- Email: **sjeffrey@hemophilia.org**
- Mail: NHF Colorado
ATTN: Family Camp
1385 S. Colorado Blvd. Suite 610
Denver, CO 80222



FAMILY CAMP 2018 PARENTAL RESPONSIBILITY FORM

Family Last Name: _____

I understand there will be Colorado Chapter of The National Hemophilia Foundation staff as well as the University of Colorado Hemophilia Treatment Center staff at Family Camp. Amy Board, Executive Director & Camp Director with NHF Colorado, will be in charge of the activities. A hemophilia physician will be on call and will provide emergency medical consultation if needed. I will provide factor concentrate and accompanying supplies according to instructions given under medical information in this registration packet.

I agree to be fully responsible for the supervision of my children and any other children I have brought to Camp. This includes general supervision on the campgrounds, in and around the lake, and in our family's assigned cabin, which may be shared with others.

I have also reviewed and agree that my family and I will abide by the Ground Rules for Family Camp while at Camp and that I have read and explained these rules to my children.

Names and birth dates of children:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Print Name _____ Date _____

(Parent or guardian)

Signature _____