



# APPLICANT



136 LAUREL MTN CAMP RD, RECTOR, PA 15677 ■ PHONE: 724-238-2400 ■ FAX: 724-238-4400  
EMAIL: CITIKIDZ@SB2W.ORG ■ TWITTER: @CITIKIDZCAMP ■ FACEBOOK: SB2DUB!CITIKIDZ

Please complete the following information and **HAVE A PARENT/GUARDIAN AND THE MINOR SIGN** in the appropriate SIGNATURE blanks below. Please attach a photocopy (front and back) of the participant's health card. **Everyone must have adequate medical coverage to attend camp!**

## PERSONAL INFORMATION

First: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Last: \_\_\_\_\_ Birth: \_\_\_\_\_  
 MM/DD/YY  
 Ethnicity: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Apt: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

## REGISTRATION INFORMATION

Group Leader: \_\_\_\_\_ Session: \_\_\_\_\_  
 Group Name: \_\_\_\_\_ Year: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

CONTACT(S)	RELATIONSHIP	PHONE

## INSURANCE INFORMATION

INSURANCE COMPANY	POLICY NO.

  

POLICY HOLDER NAME	POLICY HOLDER BIRTH

Are you a...  
 Camper  
 Kaleo

Have you attended SB2W camp(s) have before?  
 Yes  
 No

Do you already have a camp team?  
 Yes  
 No

If so, which?  
 Citikidz  
 Day Camp  
 Lake Gloria  
 Quemahoning

RELATIONSHIP TO APPLICANT  
 \*Your applicant(s) must have adequate medical coverage to attend camp.

## FAMILY

Check this box if you have a family member in camp with you, then fill out each person's information in the spaces provided below.

First Name	Last Name	Gender	Age	Team	Relationship to Applicant

## DIETARY NEEDS

Please specify any dietary needs:

Dairy Free    Gluten Free    Pollotarian    No Pork    No Beef    Vegan    Vegetarian    None of the above





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**IMPORTANT:** Please notify camp if the applicant is exposed to a communicable disease during the three weeks prior to camp attendance, i.e. strep throat, conjunctivitis (pink eye), chickenpox, COVID-19, etc. Also, if there is new health information concerning the applicant after you send in this form, please call (724-238-2400) with those details.

## MEDICATIONS WHILE AT CAMP

Please be sure you listed in the spaces provided all medications the applicant will bring to camp. **MEDICINE MUST BE IN THE PHARMACY LABELED BOTTLE WITH THE CORRECT APPLICANT'S NAME. This is especially important for those who have inhalers** that they will need at camp. Inhalers must either come in the actual box from the pharmacy with the label on it or they must have a written and signed order from the physician with the directions on how to administer them. We do not accept medication that is in plastic bags and/or not labeled. Medication that is not properly labeled will NOT be administered to the applicant. PLEASE DO NOT SEND MEDICINE IN ZIP LOCK BAGS! DO NOT SEND MEDICINE FOR OTHER PERSONS! PLEASE SEND ENOUGH FOR THE ENTIRE CAMP SESSION (1 week)!

In addition to general first aid treatment, Citikidz medical staff will also dispense these over-the-counter medicines (often generic) as needed: Fever and Pain medication, Anti-diarrhea Treatment, Constipation Treatment (stool softener), Allergy Medication, Throat Lozenges, Stomach medicine, Cough Medicine, Chloraseptic Throat Sprays, and Cold and Flu Medicine.

### MEDICATION

Medication Name	Dosage	Frequency	Reason

### CONDITIONS (PLEASE MARK ALL THAT APPLY)

- Asthma (require inhaler)
- Athlete's Foot
- Bedwetting
- Constipation
- Dental Appliances
- Diabetes
- Ear Infections/Concerns
- Fainting
- Frequent Colds
- Frequent Sore Throats
- Glasses/Contact lenses
- Headaches
- Heart Disease/Concerns
- Hemophilia
- Kidney Concerns
- Nose Bleeds
- Psychiatric
  - ADD/ADHD
  - Anxiety
  - Bipolar
  - Depression
  - Eating Disorders
  - Schizophrenia
  - Self-Injury Behavior
- Sickle Cell Anemia
- Sleepwalking
- Upset Stomach

### HISTORY

- CHICKENPOX  Yes  No \_\_\_\_\_
- COVID-19  Yes  No \_\_\_\_\_
- MEASLES  Yes  No \_\_\_\_\_
- MUMPS  Yes  No \_\_\_\_\_
- WHOOPIING COUGH  Yes  No \_\_\_\_\_
- SEIZURES  Yes  No \_\_\_\_\_

### DATE

- Check this box if you have received the COV-19 **vaccine**.
- Check this box if you have received the COV-19 **booster**.

Does your child have any other medical conditions not mentioned in the Conditions area?  Yes  No



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Please explain any of the above marked items or other medical conditions in the space provided that are not mentioned above:

Please name any past or present injuries that affect the applicant's participation:

Please list any activity restrictions:

Please list any hospitalizations, surgeries, and/or emergency room visits within the past year:

Other medical comments, i.e. any past or current conditions that may be helpful to medical staff if treatment is needed:

**AUTHORIZATION:** This application and health history is correct to my knowledge, and I understand the Citikidz staff reserves the right to refuse and/or dismiss any applicant (at the applicant's own expense) whose influence and conduct becomes in any way detrimental to the best interests of the other members of Citikidz. The applicant listed has permission to engage in all prescribed Citikidz activities except as noted by the examining physician and me. I hereby give my permission to the physician selected by the Citikidz staff to order x-rays, routine tests, and treatment for the health of the applicant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Citikidz Staff to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for the applicant as named above. I also give permission for the medical staff to administer medication to the applicant as needed. I understand that all applicants must have adequate medical insurance coverage to attend. I expressly covenant and agree not to sue Citikidz, their agents, officers, directors, board members, or employees for any injuries or damage of any kind that may occur as a result of this camping experience. I understand that Citikidz reserves the right to use pictures and/or video taken for future promotional purposes. **I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Please Print name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Please Print name: \_\_\_\_\_

(if Applicant is under 18)