



# CHAMP RETREAT

## Family Application Packet

Dear Family,

**Welcome to the application process for a Family Retreat!** CHAMP Cancer Hope & Awareness Month for Pediatrics provides a residential weekend at **no charge** for children currently on treatment for a pediatric cancer diagnosis and their immediate family. Please read all the information enclosed.

To attend a family retreat, your child must:

1. Have been diagnosed with cancer
2. Is currently in treatment
3. Be cleared by his/her oncologist to attend
4. Live in Arizona.

All families must complete the enclosed waiver.

Healthy meals will be provided. We may not be able to accommodate some dietary concerns or menu preferences. Some specialized diets may need to be provided by the family. Please contact Kathryn Le Febre, if there is a specific dietary concern to determine if we are able to meet those needs.

**Medical personnel will not be on site during the Retreat.**

Each family **must bring and manage all their medications and supplies.**

**No pets are permitted.**

Sending an application does not guarantee your family will attend. All applications are reviewed by our Board. Acceptance is based on criteria including the medical needs of your child and our ability to provide safe and appropriate weekend break for your family.

### Family Retreats:

#### February & June

Arrival Time Friday

Vacate Cabin

Lunch in Ponderosa

Oncology - Family Retreat @Briar Patch Inn

4 p.m. onwards

12 Noon on Sunday (February), Monday (June)

12 Noon. Leave Briar Patch 1:30 p.m.



# CHAMP RETREAT

## Family Application Packet

The application must be complete before it can be reviewed. A complete application contains three (3) parts. Please note that **incomplete information will delay your application**. We appreciate your timely response in obtaining missing information. **Applications for our program is due three (3) weeks prior to the Retreat.**

**PART I – General Information:** to be completed by Parent or Guardian

- a. General Information: name and contact information
- b. Medical treatment authorization and Insurance information
- c. Photo release
- d. Waiver

**PART II – Questionnaire:** to be completed by Parent or Guardian

**PART III – Medical Information:** to be completed by child's Health Care Provider (Primary Care or Sub-Specialty Physician or Nurse Practitioner)

- a. Medical Form: general medical information
- b. Immunization Form
- c. Physician's Statement

We regret that we are unable to accept every application. All applications are medically reviewed. CHAMP reserves the right to make selections/decisions based on other factors as deemed appropriate.

**Acceptances** will be confirmed by phone / email two (2) weeks prior to the retreat. If your family is placed on a waiting list, you will be contacted when a space becomes available.

**Applications may be sent through mail / email or completed on-line:**

CHAMP  
10024 E Lomita Ave  
Mesa, AZ 85209

Phone: (602) 726-2005  
Email: [kathryn@septemberchamp.org](mailto:kathryn@septemberchamp.org)  
Web: [www.septemberchamp.org](http://www.septemberchamp.org)

*Please call Kathryn to confirm your application has been received*

### Please Note!

Our programs are made possible solely by donations. All donations are welcomed, appreciated, and needed to continue serving families and children.



# CHAMP RETREAT

## PART I – GENERAL INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address of Parent/Guardian \_\_\_\_\_

E-Mail Address of Parent/Guardian \_\_\_\_\_

Primary Language \_\_\_\_\_ Does he or she speak English?

Diagnosis \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_ Telephone \_\_\_\_\_

Social Worker Name \_\_\_\_\_ Telephone \_\_\_\_\_

Has Child previously attended the CHAMP Event?  When? \_\_\_\_\_

How did you hear about the CHAMP Retreat?

Name of Parent(s) or Legal Guardian(s)

First and Last Name	Relationship	Legal Custody?	Home Phone	Cell Phone

*If Child is in DCF custody or foster care please provide legal documents indicating custodial rights.*



# CHAMP RETREAT

Who does the child live with? \_\_\_\_\_

Brother(s) and Sister(s)

First and Last Name	Birthdate	Gender	First and Last Name	Birthdate	Gender

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_





# CHAMP RETREAT

## PHOTO RELEASE PERMISSION

I do give CHAMP Cancer Hope & Awareness Month for Pediatrics permission to photograph, video and use images of

\_\_\_\_\_

Name of Family

The philosophy of CHAMP is to photograph children infrequently. With this permission, family photographs may be included in a bulletin board, newsletter, video, social media, internet or CHAMP Retreat Album. CHAMP respects the privacy of its attendees and does not allow unauthorized visitors to photograph the Retreat or Families.

\_\_\_\_\_

Signature of Parent/or Guardian

Date \_\_\_\_\_



# CHAMP RETREAT

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

**IN CONSIDERATION OF THE VOLUNTARY USE OF THE FACILITIES AND PARTICIPATION IN THE PROGRAMS OF CHAMP Cancer Hope & Awareness Month for Pediatrics, I HEREBY AGREE ON MY BEHALF AND ON BEHALF OF MY FAMILY AND EACH OF THE RELEASING PARTIES TO THE FOLLOWING:**

1. I hereby release, waive, discharge and covenant not to sue CHAMP Cancer Hope & Awareness Month for Pediatrics (CHAMP), its directors, officers, representatives, employees, volunteers, doctors, nurses, and related medical staff, independent contractors and agents (collectively, the "Released Party") for from and all liability to me, my child and children, my personal representatives, assigns, heirs, and next of kin ("Releasing Parties") for any and all claims for loss or damages for death, personal injury, property damage or any other harm, damage, loss or claim of any nature whatsoever including, without limitation, any such claim, damage, loss or expense that is attributable to bodily injury, sickness, disease or death, or to damage, loss or destruction of personal property, whether known or unknown, existing or contingent, arising out of or resulting from, in whole or in part, any act, omission or negligence of the Released Party, or in any way related to the Releasing Parties' entrance onto, access to, or use of the CHAMP facilities or premises ("Claims") which may accrue to or on behalf of me or my child or any other Releasing Party, as a result of or related to participation in any program, activity, travel or outing coordinated or organized by or affiliated with the CHAMP or the presence in any facility used by CHAMP.
2. I understand that accidents, health related incidents and personal injuries or property damage can arise out of my family's presence at any CHAMP used facility and/or participation in programs, activities, travel and outings of CHAMP, and knowing those risks exist, nevertheless, I hereby agree to assume those risks and agree to release, indemnify, defend and to hold harmless the Released Party for, from and against any Claims whether through negligence, carelessness or otherwise.
3. I expressly agree that the foregoing releases, waivers, and indemnities contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Arizona and that if any portion thereof are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I hereby acknowledge, agree, and represent that I have, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program, and that such entry into CHAMP for observation or use of any facilities or equipment or participation in any affiliated program or activity constitutes an acknowledgement by me that such premises and all facilities and equipment thereon and such affiliated program and activities have been inspected and carefully considered and that I find and accept the same as being safe and reasonably suited for the purpose of such observation, use, activity or participation.



# CHAMP RETREAT

I have read and voluntarily sign this Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement has been made.

I HAVE READ THIS RELEASE AND EXECUTE ON BEHALF OF MYSELF, MY FAMILY AND THE RELEASING PARTIES:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian





# CHAMP RETREAT

## PART II – QUESTIONNAIRE - PAGE 1 OF 3 TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

**The following information is very important to your child's involvement in the retreat.  
Please attach additional pages if necessary. The more information we have the better prepared we  
will be for your child.**

\_\_\_\_\_  
Name of person completing this form Relationship to child

Is there another professional we can contact concerning your child? Please complete contact information here:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I give permission for CHAMP to speak to the above named professional solely for the purpose of gathering information regarding eligibility for the CHAMP Retreat and to plan for my child's success at the retreat:

Parent or Guardian Signature \_\_\_\_\_

Print Name Here \_\_\_\_\_ Date \_\_\_\_\_

Does your child understand and follow simple directions?

If no, please explain \_\_\_\_\_

Does your child have language difficulties or problems?

If yes, please explain \_\_\_\_\_

What grade is your child in? \_\_\_\_\_ Has your child repeated a grade?

If yes, which grade? \_\_\_\_\_

Does your child receive special help in school?

If yes, please explain \_\_\_\_\_

Have there been any stressful life events in the past year?

If yes, please explain \_\_\_\_\_



# CHAMP RETREAT

## PART II – QUESTIONNAIRE - PAGE 2 OF 3 TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

How does your child get along with other children? (Taking turns, group activities, disputes)

\_\_\_\_\_

Does your child have specific fears, anxieties or worries?

If yes, what are they? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Is there anything special that your child may want to do at the retreat? Anything he or she will not want to do? \_\_\_\_\_

Which are your child's favorite foods? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any disabilities or limitations that may affect any activity?

If yes, please explain \_\_\_\_\_

Is there anything important to you or your child you would want us to know about?

\_\_\_\_\_

Please upload a family picture



# CHAMP RETREAT

## PART II – QUESTIONNAIRE - PAGE 3 OF 3

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

<b>LEVEL OF ASSISTANCE FOR YOUR CHILD</b> PLEASE CHECK (✓) APPROPRIATE COLUMN(S)				
	Independent	Some Help	Almost Total Help	Total Help
Daily Care (brushing teeth, combing hair, dressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing/ Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting/ Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sibling's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Is there anything important to you or your child you would want us to know about?

\_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Is there anything important to you or your child you would want us to know about?

\_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Is there anything important to you or your child you would want us to know about?

\_\_\_\_\_



# CHAMP RETREAT

## PART III – MEDICAL EXAM FORM - PAGE 1 OF 4

MUST BE COMPLETED BY HEALTH CARE PROVIDER

REQUIRED: PHYSICIAN(S) CONTACT AND INFORMATION	
Specialty Dr _____	Pediatrician/Other Dr _____
Hospital _____	Hospital _____
Address _____	Address _____
Phone _____	Phone _____
Emergency Phone _____	Emergency Phone _____
E-Mail _____	E-Mail _____

### GENERAL INFORMATION

Child's Name _____	Birthdate _____
Primary Diagnosis _____	Date of Diagnosis _____

**Treatment:** Is the child on therapy?

If yes, please give date of most recent treatment: \_\_\_\_\_

Please List Current Problem(s) or Secondary Diagnoses      Comments

\_\_\_\_\_

Food Allergies <input type="checkbox"/>	Reaction
Medication Allergies <input type="checkbox"/>	Reaction



# CHAMP RETREAT

## PART III – MEDICAL EXAM FORM - PAGE 2 OF 4

MUST BE COMPLETED BY HEALTH CARE PROVIDER

Environmental Allergies <input type="checkbox"/>	Reaction

### PHYSICIAN'S STATEMENT

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Exam \_\_\_\_\_

Pertinent Psychosocial Information \_\_\_\_\_

Are there any special suggestions or restrictions for this child? \_\_\_\_\_

### PHYSICIAN'S STATEMENT

I have examined \_\_\_\_\_ and find him/her physically able to attend the Family Retreat.  
(Child's Name Mandatory)

I understand the prescribed medical regimen will be followed while the child is on retreat.

I certify that this immunization information was transferred from the above-named individual's medical records.

\_\_\_\_\_  
 Signature of Provider                      Print Name of Provider                      Date

\_\_\_\_\_  
 Clinic / Day Phone                      Emergency / On Call Phone



# CHAMP RETREAT

## PART III – IMMUNIZATION FORM - PAGE 3 OF 4

MUST BE COMPLETED BY HEALTH CARE PROVIDER

*Please complete the chart below with dates or attach a copy of the immunization history*

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

### Varicella History

Is child exempt from immunizations?

Is this child immune to varicella?

If yes

If yes, please explain

Date \_\_\_\_\_

\_\_\_\_\_

Vaccine	Series	Date / Vaccine Type
Hepatitis B (Hep B, Heb B HiB, DTaP-Hep B - IPV)	1	
	2	
	3	
Diphtheria, Tetanus, Pertussis (DTaP, DT, DTap-Hib DTap-HepB-IPV, Td, tdap)	1	
	2	
	3	
	4	
	5	
Polio (IPV, Dtap-Hep B-IPV)	1	
	2	
	3	
	4	
Haemophilus Influenza	1	
	2	
	3	
	4	



# CHAMP RETREAT

## PART III – IMMUNIZATION FORM - PAGE 4 OF 4

MUST BE COMPLETED BY HEALTH CARE PROVIDER

*Please complete the chart below with dates or attach a copy of the immunization history*

Vaccine	Series	Date / Vaccine Type
Influenza (Inactivated-IM or Live Nasal)	1	
	2	
	3	
	4	
Measles, Mumps and Rubella	1	
	2	
Varicella	1	
	2	
Hepatitis A	1	
	2	
Meningococcal	1	
	2	
Pneumococcal Polysaccharide	1	
	2	
Pneumococcal Conjugate	1	
	2	
	3	
Other	1	
	2	



# CHAMP RETREAT

## Application Checklist

PART I

**General Information:** to be completed by Parent or Guardian

- a. General Information: name and contact information
- b. Authorization for medical treatment & Insurance information
- c. Photo release
- d. Waiver

PART II

**Questionnaire:** to be completed by Parent or Guardian

PART III

**Medical Information:** to be completed by child's Health Care Provider (Primary Care or Sub-Specialty Physician or Nurse Practitioner)

- a. Medical Form: general medical information
- b. Immunization Form
- c. Physician's Statement

Applications may be sent through mail or email:  
**CHAMP Cancer Hope & Awareness Month for Pediatrics**  
10024 E Lomita Avenue  
Mesa, AZ 85209  
Phone: (602) 726-2005

Email: [kathryn@septemberchamp.org](mailto:kathryn@septemberchamp.org)  
Web: [www.septemberchamp.org](http://www.septemberchamp.org)