



The Greater Pittsburgh Chapter of the Oncology Nursing Society is a local organization dedicated to promoting quality health care for people living with cancer. In 1994, the chapter inaugurated its first “Camp Raising Spirits: A Weekend Retreat for Adults with Cancer.” The retreat provides an excellent getaway experience for individuals with cancer and their guest, at the Laurelville Mennonite Church Camp in Mt. Pleasant, PA. One camper summed it up by saying, *“the weekend felt like one big hug from the universe brought about by much caring, careful planning, work, and even perfect weather.”*

The twenty-fifth Camp Raising Spirits: A Weekend Retreat for Adults with Cancer will be held at the Laurelville Mennonite Camp **June 1, 2, and 3, 2018**. The camp will consist of 50 adults with cancer and their guests who will participate in a variety of fun and relaxing activities. There will be indoor and outdoor activities including creative workshops, crafts, and recreational activities. Meals will be provided and we will do our best to fulfill any special dietary needs. Volunteers from the Greater Pittsburgh Chapter of the Oncology Nursing Society and the Western PA community staff Camp Raising Spirits. This includes medical personnel who are available all weekend should the need arise.

If you and a guest are interested in participating in this weekend retreat, please complete the attached application form and return along with a registration fee of **\$25 per person**. Due to the increased demand for participation at the camp, first time campers will be given priority followed by a lottery system to draw past campers as participants for this year’s camp. Initial registration will not guarantee your place at camp but registrants are encouraged to register early. No additional fees will be requested. You will be notified in writing of your acceptance to camp.

The Greater Pittsburgh Chapter of the Oncology Nursing Society believes this camp touches the lives and hearts of all participants. If you have questions or concerns, please feel free to contact Camp Raising Spirits Information Line at **866-509-6485** or email us at **info@CampRaisingSpirits.com**

If you are able, please consider providing a monetary gift to assist us with expenses. Every gift, regardless of its size, is a valuable investment to help those living with cancer and their guests participate in this awesome event.



FACTS AND FOCUS

HOUSING

- Heated hotel-like rooms
- Modern bathroom facilities and showers
- Single beds and/or double beds
- Private rooms cannot be guaranteed
- Will attempt to meet your request for roommates
- Persons with no roommate may be assigned a same sex roommate
- Let us know of special housing needs on the application

AGE

- Campers and Guests must be **18 years of age or older**

VISITATION

- Due to liability issues, **NO visitors are permitted at camp**

REGISTRATION

- **Deadline is Friday, April 27, 2018**
- First time campers will be given priority
- Past campers will be chosen by a lottery system
- May have a waiting list after the lottery
- Registrants will be notified by May 15th
- ***SINGLE DAY REGISTRATIONS WILL NOT BE ACCEPTED***

CANCELLATIONS

- If you will not be able to attend, please call the Camp Raising Spirits Information Line at **866-509-6485** or email us at **info@CampRaisingSpirits.com**
- Your cancellation allows us to call people on the waiting list

TRANSPORTATION

- Campers are expected to provide their own transportation to Camp. However, if this presents a hardship, please contact us.

Your camp experience will be enhanced through your participation in the entire program. However, we recognize that we are all empowered to set our own limits and provide ourselves with the rest and care we deserve. Persons who need an extra nap or feel overloaded by the camp experiences should feel free to take some time to rest.

**Mail both the application* and fee
by Friday, April 27, 2018 to:**

Greater Pittsburgh Chapter
Oncology Nursing Society
Loretta Dawkin
15 Evelyn Drive
Coraopolis, PA 15108

* If bringing a guest, please mail both applications in one envelope.



2018 CAMP RAISING SPIRITS

CAMPER APPLICATION FORM

CAMPERS MAY BE SELECTED ON A LOTTERY SYSTEM. RETURN APPLICATIONS BY April 27, 2018

Camper's Last Name:		Camper's First Name:		Application Date:
Street:		City, State:		Zip:
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age:
Home Phone Number:		Best Time to Call?		
Cell Phone Number:		Email address:		
Will someone accompany you? <input type="checkbox"/> YES <input type="checkbox"/> NO		Guest Name:		Relationship:
<i>(Please Complete The Guest Form On Reverse.)</i>				
First time camper? <input type="checkbox"/> YES <input type="checkbox"/> NO		Previous camper? <input type="checkbox"/> YES <input type="checkbox"/> NO		Year(s) Attended:
Emergency Contact: (name and phone number)				
Cancer diagnosis:		Date of diagnosis:		
Last date you received chemotherapy*:				
Last date you received radiation therapy:				
Other Pertinent Medical History: (check all that apply)				
<input type="checkbox"/> Asthma/ Bronchitis		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Fainting/ Blackouts
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Prosthetic Devices		<input type="checkbox"/> Seizure Disorder
Other Medical Conditions:				
Allergies to Meds: (attach a separate list if you need more room)				
List ALL Medications:			Dosage and Schedule of Medications:	
Medications Needing Refrigeration:				
Assistance needed with: (check all that apply)				
<input type="checkbox"/> Dressing		<input type="checkbox"/> Transfers		<input type="checkbox"/> Port <input type="checkbox"/> Other:
<input type="checkbox"/> Hygiene		<input type="checkbox"/> Toilet		<input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other:
<input type="checkbox"/> Wheelchair		<input type="checkbox"/> Walker		<input type="checkbox"/> External Catheter <input type="checkbox"/> Other:
Special Medical Needs/Accommodations:				
Are you able to walk stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you use Oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Dietary Needs or Food Allergies:				
Your Doctor:				Phone:
Hospital/Clinic where you are treated:				

***You will need to sign the release enclosed in this packet.**

Fee: \$25 per person Checks made payable to: GPC-ONS Camp Raising Spirits

Total amount enclosed \$ _____

2018 CAMP RAISING SPIRITS

GUEST APPLICATION FORM

Must be 18 or older

Guest's Last Name:	Guest's First Name:	Application Date:
Street:	City, State:	Zip:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Home Phone Number:	Best Time to Call?	
Cell Phone Number:	Email address:	
Name of Camper you will accompany:		Relationship:
Will you need help with the care of the camper? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Your Medical Problems:		
Allergies Meds/Foods: (attach a separate list if you need more room)		
List ALL Medications:	Dosage and Schedule of Medications:	
Medications Needing Refrigeration:		
Special Medical Needs/Accommodations:		
Special Dietary Needs or Food Allergies:		
Are you able to walk stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you use Oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you currently undergoing treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor:		Phone:
Hospital/Clinic where you are treated:		

2018 CAMP RAISING SPIRITS

Liability Release

I, the undersigned, _____, in consideration of being allowed to participate in Camp Raising Spirits and intending to be legally bound hereby, understand and agree that I am voluntarily participating in the Camp Raising Spirits to be held by the Greater Pittsburgh Chapter of the Oncology Nursing Society at my own request and at my own risk. I understand that I may be engaging in activities that involve risk of serious injury and severe social and economic losses, which might result not only from my own actions, inactions or negligence's, but from the actions, inaction's or negligence of others. I further understand that there may be other risks not known to me or not foreseeable at this time.

I acknowledge that I am aware of all of the risks inherent in this event and that I assume the risk and accept personal responsibility for damages for any personal injury, permanent disability or death. I certify that I know of no restrictions imposed on me by my own physician that would in any way prevent me from actually participating in this camp.

I, on behalf of myself, my heirs and the next of kin, hereby fully release, waive, discharge and covenant not to sue the Greater Pittsburgh Chapter of the Oncology Nursing Society and the Oncology Nursing Society and its members and affiliates, their officers, directors, employees, agents and representatives, successors and assigns, together with every sponsor, organizer, associated entities and/ or owners and lessors of the preises utilized to conduct the camp, be they individuals or organizations, singly and collectively, of and from any and all liability, claims, damages or causes of action for any reason, including, without limitation, bodily injury, permanent disability, death, property damage or any other loss or inconvenience whatsoever suffered by me at any time hereafter, occurring as a result of my voluntary participation in the, **June 1 - 3, 2018** Camp Raising Spirits at Laurelville Mennonite Church Camp, Mt. Pleasant, PA.

The undersigned hereby authorizes and permits the Greater Pittsburgh Chapter of the Oncology Nursing Society and its members and affiliated organizations and publications, including its "Camp Raising Spirits" Committee, to take, obtain and make use of photo images and publicity of the undersigned, it being understood and agreed that such photo images and copies may be made available for publication at the Greater Pittsburgh Chapter's discretion and that the use of the same will be without any compensation to the undersigned discretion and that the use of the same will be without any compensation to the undersigned.

In WITNESS THEREOF, the undersigned has executed this release on this date; _____, 2018.

CAMPER SIGNATURE	GUEST SIGNATURE	WITNESS