



**Stony Brook Children's
Lourie Center for Pediatric MS**

March 2016

Dear Parents and Peer Mentors,

We are excited to announce that we are accepting applications for the Lourie Center for Pediatric MS **13th Annual Teen Adventure Program**. As a peer mentor you are expected to stay through **BOTH** sessions of camp, held this summer from **July 9-16, 2016**. The program will again be held at the Canonicus Retreat Center in Exeter, Rhode Island (details can be found at www.Canonicus.org).

Applications can be found at our website, www.pediatricmscenter.org. In order to be considered complete, your application package must include all signed consent forms in addition to the general information application. For your convenience, please refer to the attached checklist prior to sending your packet to ensure its completion. The deadline for all complete applications is April 28, 2016.

The medical form, completed by your physician, can be submitted separately, but must be received in our office by May 20, 2016.

We are interested in learning from YOU why YOU should be a mentor this year.

Please, see page 8 of this application for details for the Peer Mentor Essay that must be submitted with your packet.

Very limited transportation assistance is available. If you would like to apply for travel assistance, please include a written request with your application and we will do our best to accommodate those with a need.

Camp personnel will include staff from the Lourie Center for Pediatric MS, along with staff and volunteers from the National MS Society. Program professionals will be comprised of the Access-2-Adventure team of recreational therapists. All staff will be on-site throughout the week.

Please contact me at with any questions about the program or application. I can be reached at 631-444-3130 and by email at maria.milazzo@stonybrook.edu

We look forward to our 13th Teen Adventure Camp!

A handwritten signature in cursive script that reads "maria".

Maria Milazzo, RN MS
Lourie Center for Pediatric MS

General History

- 1) Please list any diet restrictions, food allergies or preferences: _____
***We do have the option for vegetarian meals and gluten free meals, but we must request them in advance. If you need any special meal accommodations, please list here, and we will contact you to discuss specifics.**

- 2) List any other medical problems (such as other medical diagnoses, allergies, asthma, hay fever, etc):

- 3) List any drug allergies: _____

- 4) Please explain your system for giving/taking medications: _____

- 5) If your child has had seizures, please describe the type of seizure: _____

a. When was the last seizure? _____
b. How frequent are the seizures? _____
c. What type of treatment is used for the seizures? _____

- 6) Any other information that will help us care for your child? _____

Authorization for Lourie Center for Pediatric MS to provide medical, dental, and surgical treatment.

Camper Name _____ DOB _____

In the event that I am not available, I give the Lourie Center for Pediatric MS staff permission to authorize emergency care and treatment for my child. Notification of the parent will always be attempted.

Signature (Parent/Guardian) Date

Print Name Relationship

Permissions Page

- | | | | |
|----|---|---|---|
| 1) | May we photograph and/or videotape you for educational purposes? | Y | N |
| 2) | May we photograph and/or videotape you for fundraising purposes? | Y | N |
| 3) | May we photograph or videotape you for distribution within camp attendees, as "memories" of camp? | Y | N |

It is understood that these photographs and videotapes will be used to promote public understanding and support of this program.

Insurance Information
Please attach a copy of updated Medical Insurance card below. This will be used in the event of a medical emergency.

(Front of Card)

(Back of Card)

Mandatory signature

Date

Medications

Each family should send all medications and other supplies necessary for their child while at camp. The medications will be stored and administered as directed by you. Medications must be sent in the original container, with original labels. Please make sure to include any “premedications” that you may use for your child.

Are there any drug allergies? _____

Medication Name	Dose	Route	Frequency	Time/Day

INTEREST IN THE PROGRAM IS VERY HIGH.
PLEASE RETURN APPLICATION BY April 28, 2016 to:

Maria Milazzo

Maria Milazzo
School of Nursing
Room 200
Health Science Center
Stony Brook University
Stony Brook, NY 11794-8240

Fax: 631-706-4501
Phone: 631-444-3130
maria.milazzo@stonybrook.edu



**Stony Brook Children's
 Lourie Center for Pediatric MS**

**Lourie Center for Pediatric MS-Teen Adventure- Medical Summary
To be completed by treating physician**

Name of Camper _____
 Date of Birth _____
 Diagnosis _____
 Date of Diagnosis _____

Are there any other medical conditions or other medical diagnoses we should be aware of?

Medications _____

Allergies _____

Current Medical Status, please include cognitive status and any physical limitations.

Do you have any concerns about this individual's ability to participate in a camp program?

Do you have any other information that might be helpful for us to make this a positive experience?

Please provide the name and contact information for the physician we may contact in the event of a problem during the camp session. Please include cell phone and pager information.

Please return this form to Maria Milazzo via fax 631-706-4501 or mail to:
 Maria Milazzo,
 School of Nursing, Room 200
 Health Science Center
 Stony Brook University
 Stony Brook, NY 11794-8240
 maria.milazzo@stonybrook.edu



**Stony Brook Children's
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**Teen Adventure Camp 2016
Camper Contract**

- Each camper and staff member will be treated with courtesy and respect.
- Smoking and the use of alcohol and other controlled substances will not be permitted at any time during the Teen Adventure Weekend.
- There will be no mixed genders in private areas. Males and females may socialize in common areas only and with adult supervision.
- At night, the bedroom door may be closed, but must remain unlocked.
- Each night, a curfew will be set at which time we request all participants be in their bedrooms.
- The purpose of the weekend is to meet and socialize with other teens with MS. Therefore, cell phones may not be used during activities. Calls may be placed during specified times, but are expected to be off during events, and after 'curfew.'
- We recognize that parents may be anxious and may wish to contact their children. Accordingly, you may call the "camp cell phone" at 631-418-5459 at any time.

By signing below, I agree to follow the rules of the Teen Adventure Camp. I understand that if I do not follow the camp rules, I will be sent home, at my own expense.

Signature of camp participant date

Signature of parent date

Please return by mail or fax to 631-706-4501 with application.



**Stony Brook Children's
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**Teen Adventure Camp 2016
Peer Mentor Application Essay**

Peer Mentors - Please attach a letter explaining the following:

What does MS Camp mean to you? How has it impacted your life and how do you think you have impacted the lives of the other campers?

What are your goals for yourself as a mentor this summer?

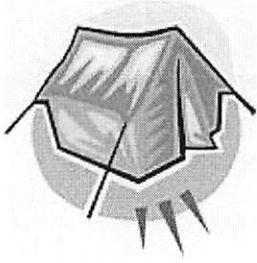


**Stony Brook Children's
Lourie Center for Pediatric MS**

Teen Adventure Application Checklist

In order for your packet to be complete please be sure to include all of the following items by **April 28, 2016**

- **Application (contact information, general history, permission for medical treatment, permissions page, medications page)**
- **Copy of insurance card**
- **Camper Contract**
- **Consent Forms (*signed forms can be faxed to complete application but hard copy *must* also be mailed as original signature is required in order to participate)**
- **Peer Mentor Application Essay**
- **The Medical Summary form should be completed by your physician and returned with the rest of your camp packet, or sent directly from your physician as long as it arrives by May 20, 2016.**



Gear List

Long pants
Quick drying shirt/shorts for kayaking
Shorts
Sweatshirt/windbreaker
Pajamas
Closed toe shoes/sneakers
Sandals
Hat
Beach towel
Sunglasses
Raincoat
One piece bathing suit
Toiletries
Personal items
Duffel bag/Backpack
Flashlight
Bug spray
Sunscreen





RESEARCH CONSENT FORM

Project Title:

Pediatric Multiple Sclerosis Camp Program with Access-2-Adventure

Investigators:

Maria Milazzo, M.S., Lauren Krupp, M.D., Leigh Charvet Ph.D.

You are being asked to be a volunteer in a research study.

The Purpose of this study is:

To examine the mood, social support and attitudes regarding multiple sclerosis (MS) of a group of children and teenagers with MS who attend a camp program.

Procedures:

If you decide to participate in this study, you will be asked to fill out brief questionnaires about your mood, social support, and the way you think about MS. You will also be contacted by phone about six months after camp to see how you are feeling about your MS.

Risks/Discomforts:

There are no perceived risks or discomforts of participating in the study.

Benefits:

You will not directly benefit directly from participating in this study, but the information gained from participation will help us improve the camp program in future years. We will learn more about how MS affects young people.

Costs to You:

There is no cost to you.

Confidentiality:

All the information we get about you will be kept private. We will do this by not writing down your name or anything else that could link you in any way to the answers you give us for our study. All the study data that we get from you will be kept locked up. If any papers and talks are given about this research, your name will not be used.

Your Rights as a Research Subject:

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and remove yourself from the study at any time without giving any reason, and without penalty.
- Any new information that may make you change your mind about your participation in this study will be given to you.
- You will get a copy of this consent form to keep.
- You do not lose any of your legal rights by signing this consent form.

Questions about the Study or Your Rights as a Research Subject:

- If you have any questions, concerns, or complaints about the study, you may contact Maria Milazzo at 631-444-3130.
- If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects at 631-632-9036 OR by e-mail, judy.matuk@stonybrook.edu.
- Visit Stony Brook University's Community Outreach page, <http://www.stonybrook.edu/research/orc/community.shtml> for more information about participating in research, frequently asked questions, and an opportunity to provide feedback, comments, or ask questions related to your experience as a research subject.

If you sign below, it means that you have read, or have had read to you, the information given in this permission form and you would like to participate in this study.

Subject Name (printed)

Signature of Subject

Date

Name of Person Obtaining Consent (printed)

Signature of Person Obtaining Consent

Date

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Access 2 Adventure and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Access 2 Adventure related events and activities, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of RI and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Newport County, RI; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Minor's DOB	Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone	Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Date

**TO BE SIGNED BY PARENT OR LEGAL GUARDIAN
IF PARTICIPANT IS A MINOR:**

I represent that I am the parent or legal guardian of the above individual and hereby consent to the individual using the Facilities, participating in Outdoor Climbing and participating in Other Activities sponsored by RSC (all as more particularly defined above). In consideration for RSC allowing the above individual to use the Facilities, participate in Outdoor Climbing and participate in the Other Activities, I agree, personally and on behalf of the above individual, to be bound by the terms and conditions of this Release. I further agree to indemnify, defend and hold harmless RSC and each of the other Released Parties from and against any claim, cause of action, loss, damage, judgment, fine, penalty, interest, liability and expense, including costs and attorneys' fees, incurred by RSC or any of the other Released Parties resulting from, arising out of, or in connection with the above individual's presence in and/or use of the Facilities, or participation in Outdoor Climbing or any Other Activities. I carefully read this agreement and fully understand its contents. I am aware that this is a release of liability. I understand that this release is a contract and that I sign it of my own free will. I agree to be bound by its terms. I further understand that this agreement has no expiration date. If I am an adult responsible for a minor or group of minors using a Facility, I agree to have a release like this one signed by a parent of each minor in the group. I understand that if I fail to do so, RSC can refuse to let that minor climb, or at its option, agree to let the minor climb, but that it does so only because I hereby agree to assume full responsibility for the safety of that minor child and to indemnify and hold harmless RSC and the Released Parties in accordance with this paragraph.

Date Printed name of parent or legal guardian

Relationship to minor

Home Telephone Number Work/ Cell Telephone Number

Signature of Parent or Legal Guardian

Climbing is Dangerous! Climb Smart!

- Please review the rules of this facility.
- Please use equipment in accordance with the manufacturer's instructions.
- If you are unfamiliar with any aspect of climbing, seek qualified instruction.
- Climbing or bouldering on any manufactured climbing wall can result in falls.
- Falling from any height can result in serious injury or death.
- If you have any questions about the risks, your responsibilities, or anything else about climbing in this facility, please ask!
- Climb for a lifetime, Climb Smart.

Climbing Rules

- All climbers must be certified by a Rock Spot Climbing staff member before top-rope belaying, lead belaying, or lead climbing. Rock Spot Climbing certification cards must be displayed for lead belaying and lead climbing.
- All climbers must wear shoes while climbing. The use of shoes, boots, crampons, etc. that may damage walls, floors, etc. is not permitted.
- Do not climb above or below other climbers; this includes traversing.
- You must be aware of the possible trajectory of another climber's fall, particularly on the lead wall and overhangs. Stand clear! Conversely, if you are climbing and think you may endanger another if you fall, speak up!
- Belayers must belay from their harness; no sitting or lying down while belaying.
- Rock Spot Climbing reserves the right to deny access to its facilities to any individual permanently or for a specified period for breach of contract of the safety policies, or for any conduct that is viewed as unsafe or inappropriate.

Rules and Safety Policies

- Everyone visiting Rock Spot Climbing MUST check in at the front desk.
- All climbers must have a signed Release of Liability and Assumption of Risks form on file at the front desk.
- All participants must sign the Release of Liability, Indemnification, and Assumptions of Risk form. Minors 17 years or younger must have their waiver completed and signed by a parent or legal guardian.
- Parents are responsible for the behavior of their children. Children (12) years old or younger must be accompanied by an adult at all times.
- Climbers must read and obey current rules and regulations.
- Rock Spot Climbing does not allow any instruction in the gym other than that offered by our instructors and staff. No exceptions. Follow instructions of staff at all times.
- Inspect the Facility and all climbing equipment, gear, and apparel (including, but not limited to, anchors, ropes, carabiners, belay devices, harnesses and/or shoes) prior to use to ensure that they are in safe operating condition for such use. Immediately advise staff of any damage to the Facility, equipment or gear.
- All belayers must pass a belay test by the staff.
- Climbers must tie directly into their harness with a figure 8 follow through knot.
- Belayer must use a floor anchor at all times.
- Climbers and belayers must clearly communicate formal belay commands and perform safety checks.
- No one under 14 years of age is allowed to belay unless specific permission is given by management.
- No one under 14 years of age is allowed to lead or lead belay unless specific permission is given by management.
- Lead climbers/belayers must supply their own reasonable UIAA approved rope.
- All lead climbers must pass a belay test by gym staff.
- "Topping" out on boulders is done only at your own risk
- Always use a crash pad and spotter.
- Route setting by approval of head route-setter only.
- Climbing shoes must be worn at all times while climbing.
- Clean shoes only in climbing area.
- Please keep floor and benches clear. Put your gear away.
- No pets in the gym.
- RSC is not responsible for damaged, lost or stolen items. Please store personal items in cubbies.
- No drugs, alcohol or tobacco use is allowed inside the facility. Absolutely no climbing is permitted under the influence of drugs or alcohol.
- Rock Spot Climbing does not permit the use of profanity or inappropriate language.
- We ask that all participants refrain from yelling/screaming.
- Walking only please. No running, jogging, skipping, cart-wheeling, back flips, wrestling etc.
- No swinging or bouncing on the ropes.
- Please pick up after yourself. Help to keep the gym clean for yourself and others.
- Follow instructions of staff at all times.

Remember - Your Safety is Your Responsibility

Narrow River Kayaks

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Narrow River Kayaks, their agents, directors, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "N.R.K."), I hereby agree to release and discharge N.R.K., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that canoeing and/or kayaking entails known and unanticipated risks, which could result in physical or emotional injury, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: current and waves may be encountered; your boat could turn over and/or you could have to swim risking collision with rocks and entanglement in trees; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, marinelife, insects, plants; and accidentally drowning is also a possibility.

Furthermore, N.R.K. employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. In hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless N.R.K. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of N.R.K.'s equipment or facilities, including any such Claims which allege negligent acts or omissions of N.R.K..

4. Should N.R.K. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against N.R.K., I agree to do so solely in the state of Rhode Island, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

OFFICIAL USE (shaded section only):

Date and Time Leaving:	RENTAL AMOUNT
Date and Returning Time:	TAX
Equipment Type:	TOTAL

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against N.R.K. on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone number: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by N.R.K. to participate in its activities and to use its equipment and facilities on I further agree to indemnify and hold harmless N.R.K. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian: _____ Print Name: _____ Date: _____