

CHYP Summer Camp 2020: Enrollment and Registration

In a time of uncertainty and isolation we are all looking for ways to connect and practice self-care. Creative Healing for Youth in Pain (CHYP) is offering a FREE virtual summer camp, focused on creative healing while at home.

REGISTRATION

CHYP Summer camp will take place over the course of three weeks and all activities will take place online through Zoom. Participants may sign up for any or all of the weekly camps.

WEEK ONE: STORY TELLING & FILMMAKING – JULY 6TH - 10TH

WEEK TWO: ART EXPRESSION – JULY 13TH – 17TH

WEEK THREE: MUSIC EXPRESSION – JULY 20TH – 24TH

Hours of Operation:

CHYP Summer Camp hours are **Monday-Friday 11:00 am-3:00 pm (PDT)**, with a lunch break from 12:30-1:30.

Age Guidelines:

CHYP Summer Camp is intended for youth **ages 13–18** years old and no exceptions will be made. There are also Mentor positions available for people between ages 19–22 who wish to attend and serve as a camp Mentor.

How to join the camp:

If you are interested in participating in CHYP Summer Camp, please complete this registration packet and send it to us via email at olivia.aviera@mychyp.org. Then, a CHYP representative will call you to confirm your child's participation.

Special Circumstances:

Parents and guardians are required to inform CHYP staff in writing of any special circumstances which may affect the teen's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. CHYP staff will initiate further conversation with parents/guardians regarding special circumstances if necessary, while maintaining appropriate confidentiality.

Physical Abilities:

By registering for this program, you acknowledge that you understand that while CHYP is an online program intended for youth with chronic pain, all campers will be encouraged to participate in movement at times. CHYP is aware of the varying physical abilities that our campers are bound to experience, and while the camp's staff will be mindful and patient of that, it is important that everyone take stretch breaks, walk

around the room, get water/snacks, go outside, experiment with different physical sensations like dance, yoga, etc. in a way that feels safe to them. Each camper will be encouraged at times to do whatever sort of movement they feel comfortable doing (even if that is a finger or an eye lid). Since CHYP's staff may be unaware of your child's unique movement needs, it is up to you and your child to determine what their comfort level is and make modifications if needed.

This camp is for educational purposes only. You should not rely on any information shared by CHYP staff as a substitute for, nor does it replace, professional medical advice, diagnosis, or treatment. With all exercises, including what may be done during CHYP's Summer Camp, you should always listen to and respect your body's limits. To reduce and avoid injury, you will want to check with your medical professional before beginning. By performing any physical exercises, your teen will be performing them at his or her own risk. By registering for the program, you acknowledge and agree that Creative Healing for Youth in Pain will not be responsible or liable for any injury or harm sustained as a result of a CHYP program. Thank you for understanding!

Dress Code:

Camp participants should dress appropriately and comfortably for the activities scheduled. It is important that campers maintain awareness that they are on camera, and CHYP staff asks that camp participants wear clothing with appropriate coverage. Clothing that displays drugs, alcohol, tobacco, or offensive language, or that is excessively revealing will not be permitted.

Behavior Management/Discipline Policy:

CHYP Summer Camp staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Camp participants who do not respond to these methods or who are destructive to others will be addressed in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. Depending on the severity of the incident, the camper may receive a warning. If the behavior is repeated it will be discussed privately with parents/guardians. If the issue persists or new issues continue to arise, camp participants will be excluded from participating in certain camp activities. In extreme cases, CHYP Summer Camp may, in its sole discretion, dismiss any camp participant for the remainder of the program for inappropriate, disrespectful, or dangerous behavior at any time. By registering for the program, you acknowledge and agree that all decisions regarding discipline are in the sole discretion of CHYP and will be final.

SUMMER CAMP PARTICIPATION REGISTRATION FORM

Full Name: _____ Nickname/Preferred Name: _____

Gender: _____ Participant Date of Birth: _____ Age during camp: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone number: _____

Alternative Phone number: _____

Parent/Guardian's Email: _____

Child's Email (if applicable): _____

Does this child have special needs*? _____ If yes, explain:

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a CHYP Summer Camp staff member prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Please specify which week(s) your child would like to participate in the CHYP Summer Camp (indicating first, second, and third choice if applicable).

____ Week 1: Story Telling/Filmmaking July 6-10

____ Week 2: Art Expression July 13-17

____ Week 3: Music Expression July 20-24

Number of Weeks Total: _____

WAIVERS AND INFORMED CONSENT

By signing this form, I, as parent/guardian, permit CHYP Summer Camp to use pictures of my child(ren) as a program participant in promotional literature, videos, and the CHYP website. I understand my child(ren)'s last name(s) will not be published and I have the opportunity to submit a nickname or alias to be used to replace my child's first name.

I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at CHYP Summer Camp. My Child is fit for the program(s) in which I have enrolled them. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY CHYP SUMMER CAMP PROGRAMS , WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY CHYP SUMMER CAMP PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING CHYP SUMMER CAMP REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE PROGRAM AT CHYP SUMMER CAMP, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by CHYP Summer Camp.

Signature: _____ Date: _____

Parent/Guardian Name: _____

RULES AND AGREEMENTS

My Child(ren) will comply with ALL CHYP Summer Camp rules, both written and as stated to him/her/them by CHYP during his/her/their participation in Activities. My Child(ren) will obey the CHYP Summer Camp staff in regards to those rules as they affect his/her/their safety, other participants and observers.

I have read this agreement, understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law on behalf of myself and my Child(ren). I also agree that if any portion of this Agreement is held to be invalid, illegal, or unenforceable, that portion of this Agreement shall be deemed separate, distinct and independent, and shall be ineffective to the extent it (I) invalidates the remaining provisions of this Agreement under applicable law or (ii) affects the legality, validity or enforceability of this Agreement.

I certify that I am at least 18 years of age and that no other representations have been made to me that change, alter, or modify anything within this Agreement. Additionally, I give CHYP permission to use in its marketing materials any picture in which my Minor Child(ren)'s likeness appears unless I notify CHYP in writing otherwise.

CONSIDERATION

I acknowledge the personal benefits accruing to my child by reason of participation in the CHYP Summer Camp and am aware of the activities which my child will be involved through said participation.

Release/Indemnification: I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue CHYP, and CHYP Summer Camp, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless CHYP Summer Camp for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

TECHNOLOGY AUTHORIZATION ADDENDUM

I acknowledge that during my child's participation in the Summer Camp that certain risks do exist. These include, but are not limited to, the hazards of handling electronics and risks associated with access to the Internet (viruses/malware). In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my child's participation in this program.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

MEDIA RELEASE FORM

I, _____, grant permission to Creative Healing for Youth and Pain (CHYP), hereinafter known as the “Media” to use my/my child’s image(s) (photographs and/or video), voice, testimonials, first name (or alias), age, and diagnosis (optional) for use in Media Publications including:

(Check all that apply)

- All Media (including everything below)
- All Social Media (e.g. Facebook, Instagram, Twitter, LinkedIn, etc.)
- Videos
- Email Blasts
- Brochures
- Newsletters
- Website
- Presentations
- Other (including fundraising campaigns, like Crowdfunding)

I hereby waive any right to inspect or approve the finished and/or edited photographs, screenshots, videos, stories, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I waive any right to royalties or other compensation arising from or related to the use of the image, video, or other personal identifying information that you provide (including but not limited to; name, age, diagnoses, story, etc.).

Please **initial** the paragraph below which is applicable to your current situation:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions to admin@mychyp.org or calling 818-671-0620 prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the child named below. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions to admin@mychyp.org or calling 818-671-0620 prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Signature of Parent or Legal Guardian (if under 18): _____

Preferred name for publishing (e.g. first name only, nickname, alias, etc.): _____

RULES OF ENGAGEMENT FOR ZOOM (to be signed by parent/guardian AND child)

All camp activities and discussions for the summer of 2020 will be held over zoom.

1. Please remember that everyone's pain journey, symptoms, diagnosis, and treatment is different. What works for you may not work for others, and vice versa. Further, this is not meant to be a therapeutic intervention or medical treatment, and no medical or clinical advice should be shared.
2. Be respectful, responsible, and appropriate with your use. This is a judgment and intolerance free space.
 - a. DO NOT: Bully, harass, disrespect, exploit, bash, troll, or be rude, offensive, cruel, or graphic.
 - b. Refrain from content (e.g. language, pictures, or jokes) that is inappropriate, foul, abusive, or suggestive.
 - c. This organization and online community does not have any religious or political affiliation (all are welcome!). Out of respect for differing beliefs that can trigger others, please refrain from those types of comments/content.
 - d. Try to stay on-topic and relevant.
 - e. Treat others the way you want to be treated. If your comment/response is not positive or supportive, think twice about sharing. This is a frustrating time for everyone. While venting is part of the process, we want to encourage positivity and support.
3. Although there will be an adult moderating activities and discussions, this is not meant to be a therapeutic intervention or medical treatment whatsoever. This is solely an opportunity to participate in creative healing activities and feel connected to peers during this challenging time.
4. No selling, soliciting, promoting, advertising, spamming, or fundraising for profit.
5. This is a vulnerable population. We understand that chronic pain is linked to mental health issues (like depression and anxiety). However, self-harm/suicidal comments or threatening comments (to self or to others) will not be acceptable topics of discussion and the individual/comments may be removed. This community is not an emergency service. If you feel like you or someone else is in danger, please call "911."
6. If you have a concern or question about what you or others are discussing, please feel free to reach out to the CHYP team (admin@mychyp.org).

7. If you have questions about any content you encounter through CHYP, please consult with your own doctors and clinicians. Exposure to everything through CHYP is purely educational and should be processed with a professional. Information provided through this service is not intended or implied to be a substitute for professional medical or psychological advice, diagnosis, or treatment. All content available through CHYP is for general purposes only.

DATA PRIVACY NOTICE

Please note that CHYP may record the conversations and activities and related video so they can be shared with our audience, and those who are not directly involved may still be able to benefit from this camp.

We ask that you do not share personal information (last names, phone numbers, social media accounts, addresses, etc.) with one another until all camp sessions have ended, and discourage you from sharing sensitive information (medical or clinical advice or diagnoses).

However, we may collect and use in Media Publications the following information, as disclosed in the authorization form you signed permitting us to use this information:

- First name (or alias);
- Image(s);
- Voice;
- Artwork or original pieces of work;
- Diagnosis (optional); and
- Testimonials.

If you have a concern or question about what you or others are sharing, please feel free to reach out to the CHYP team (admin@mychyp.org).

I am mindful that my feedback and other contributions to this group will be used to support CHYP's mission. This may include my first name (or alias), age, writings, photographs, videos, audios, and more to be used throughout CHYP media. I am aware that my participation in CHYP activities is voluntary.

I have read through and agree to the rules of engagement. I know that CHYP Summer Camp is an independent program that will be used as a forum to participate in creative healing activities, collaborate and share ideas. I understand that this is an optional program that I do not have to participate in, but if I choose to attend this program, I agree to follow all of the above rules.

Please **initial** the paragraph below which is applicable to your current situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions to admin@mychyp.org or calling 818-671-0620 prior to signing. I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the child named below. I have read this document before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions to admin@mychyp.org or calling 818-671-0620 prior to signing. I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Youth's Name: _____ Age: _____

Youth's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

I have read through this registration packet and all of the included forms carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document and I will be bound by my agreement to its terms. I represent to Creative Healing for Youth in Pain (CHYP) that all information provided is accurate and complete and that I have the legal authority to provide consent on behalf of my child.

Child's Name: _____

Child's Signature: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____