



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 Laurelville 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 **thirtieth** (!) Camp Raising Spirits: A Weekend Retreat for Adults with Cancer will be held at Laurelville Retreat Center (941 Laurelville Lane, Mt Pleasant, PA 15666) on **June 7, 8, and 9, 2024**. 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. If you indicate a need for dietary restrictions we will be in touch with you to coordinate that with Laurelville staff.

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 **\$35 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.

For Directions: www.laurelville.org



FACTS AND FOCUS

HOUSING

- Heated hotel-like rooms
- Modern bathroom facilities and showers
- Single beds and/or double beds
- Will attempt to meet your request for roommates
- You will be assigned a room with your guest unless otherwise required
- Let us know of special housing needs on the application- some rooms are accessible only by climbing stairs

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 Wednesday, May 8, 2024**
- 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 20th
- ***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. 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 (checks payable to Camp Raising Spirits) to be received by Wednesday, May 8, 2024 to:

**GPC-ONS Camp Raising Spirits
c/o Loretta Dawkin**

15 Evelyn Dr.

Coraopolis, PA 15108

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

* If you desire to share a room with a specific camper, please mail both applications in one envelope or note it **clearly** on both applications.



2024 CAMP RAISING SPIRITS

CAMPER APPLICATION FORM

RETURN CAMPER'S MAY BE SELECTED ON A LOTTERY SYSTEM. RETURN APPLICATIONS BY Wednesday, May 8, 2024

| | | |
|---|---|---|
| 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 | |
| Preferred Phone Number: | Best Time to Call? | |
| Email address: | | |
| Will someone accompany you? <input type="checkbox"/> YES <input type="checkbox"/> NO | Guest Name: | Relationship: |
| <i>(Please complete the Guest Application and return with this Form)</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/drug therapy: | | |
| 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 (use a separate sheet if needed): | 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: | | |
| Do you require a level entry room (no 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 (If so, an additional form will be sent and will need to be returned promptly so we can meet your needs): | | |
| Your Doctor: | Phone: | |
| Hospital/Clinic where you are treated: | | |

***All campers & guests must sign the release enclosed in this packet.**

Fee: \$35 per person Checks made payable to: GPC-ONS Camp Raising Spirits

Total amount enclosed \$ _____

I would like to share a room with: _____ (please print name)

2024 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 | |
| Preferred Phone Number: | Best Time to Call? | |
| 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 If yes, describe: | | |
| Your Medical Problems /Special Needs/ Accommodations: | | |
| | | |
| Allergies Meds/Foods: (attach a separate list if you need more room) | | |
| | | |
| List ALL Medications: | Dosage and Schedule of Medications: | |
| | | |
| | | |
| | | |
| | | |
| Medications Needing Refrigeration: | | |
| Special Dietary Needs or Food Allergies (If so, an additional form will be sent and will need to be returned promptly so we can meet your needs): | | |
| Do you require a level entry room (no 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 (If Yes, please complete next two lines) | | |
| Doctor: | Phone: | |
| Hospital/Clinic where you are treated: | | |

All guests must sign the release enclosed in this packet

2024 CAMP RAISING SPIRITS

Liability Release

I, the undersigned, _____, in consideration of participation in Camp Raising Spirits and intending to be legally bound hereby, understand and agree that I am voluntarily participating in 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 economic damage, which might result not only from my own actions or inactions, but from the actions or inactions of others. I further understand that there may be other risks not known to me or not foreseeable at this time.

I acknowledge and agree that I am aware of the risks inherent in this event and that I assume the risk and accept personal responsibility for damages for any personal injury or damage. 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 next of kin and heirs, hereby fully release, waive, discharge and agree 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 volunteer, sponsor, organizer, associated entities and/ or owners and lessors of the premises 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, 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 7, 8, and 9, 2024** Camp Raising Spirits at Laurelville Retreat Center, Mt. Pleasant, PA.

I hereby authorize and permit 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 discretion of the Greater Pittsburgh Chapter 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 the _____ day of _____, 2024.

| | | |
|-----------------------------------|----------------------------------|------------------------------------|
| | | |
| CAMPER SIGNATURE | GUEST SIGNATURE | WITNESS SIGNATURE |
| | | |
| CAMPER NAME (please print) | GUEST NAME (please print) | WITNESS NAME (please print) |

Please return this release with camper / guest application(s)