



WESTMORELAND COUNTY CAMP CADET ASSOCIATION



100 N. Westmoreland Ave.
Greensburg, PA 15601
Telephone: 724-832-3288

ELIGIBILITY CRITERIA FOR CAMP CADET

1. Children must be between **12** and **15** years of age, and reside within the "**Troop A**" area of Westmoreland County. *Children who reside in South Huntingdon and Rostraver Townships should apply to Camp Cadet through the state police barracks in Washington.*
2. Children must be willing to participate in a variety of physical fitness activities and abide by military discipline.
3. **Submit this application (pages 3 – 8) and a recent photograph of the cadet** to the Greensburg barracks **no later than MAY 1, 2012**, ***Attention: Corporal Urbani***. *Any application received after the deadline may not be considered.*

Final selection of the Camp Cadet applicants will be made by the Westmoreland County Camp Cadet Association board members.

Applicants **MUST** attend an orientation where the camp rules and schedule will be explained. **The orientation is tentatively set for Saturday, June 2, 2012**. *Applicants will be contacted by a Camp Cadet board member to schedule the orientation.*

Camp Cadet is scheduled from **Sunday, JULY 8** to **Friday, JULY 13** at the **University of Pittsburgh at Greensburg (UPG)**, Hempfield Township, Westmoreland County.

Note: Cadets reside with the counselors the entire week of camp in one of the dormitories of UPG.

University of Pittsburgh at Greensburg
150 Finoli Dr., Greensburg, PA 15601
(724)837-7040

From the East (via the Pennsylvania Turnpike) OR South (U.S. 119 or I-70)

- Exit at New Stanton new #75 (old #8) - take U.S. Route 119 north about six miles to the Greensburg area.
- At intersection of U.S. Routes. 119 and 30, turn left at the traffic light and follow U.S. Rt. 30 **EAST** for about one mile.
- Exit right from U.S. Rt. 30 at the Greensburg- Mt. Pleasant Road Exit.
- At the traffic light at the foot of the ramp turn right and follow Mt. Pleasant Road for approximately one mile.
- Turn right at the main entrance (traffic light) to Pitt-Greensburg and make the next right on to campus.

From the East/Latrobe Airport (via U.S. Route 30)

- Follow U.S. Route 30 **WEST** past Westmoreland Mall (Note: DO NOT exit into downtown Greensburg. Stay left at the “Y” on Route 30).
- Exit right from U.S. Rt. 30 at the Greensburg- Mt. Pleasant Road Exit.
- At the traffic light at the foot of the ramp turn left and follow Mt. Pleasant Road for approximately one mile.
- Turn right at the main entrance (traffic light) to Pitt-Greensburg and make the next right on to campus.

From the West (via Pennsylvania Turnpike)

- Exit at the Irwin new #67 (old #7) - take U.S. Route 30 **EAST** for about 9 miles (Note: DO NOT exit into downtown Greensburg. Route 30 bypasses the city; stay on the bypass).
- Exit from 30 east at the Greensburg- Mt. Pleasant Road exit.
- At the traffic light at the foot of the ramp turn right and follow Mt. Pleasant Road for approximately one mile.
- Turn right at the main entrance (traffic light) to Pitt-Greensburg and make the next right on to campus.

From the North (via Toll Route 66)

- Toll Route 66 south for approximately 7 miles to the U.S. Route 30 exit.
- Turn left at the light and follow U.S. Route 30 **EAST** for approximately 4.7 miles.
- Exit right from U.S. Rt. 30 at the Greensburg - Mt. Pleasant Road exit.
- At the traffic light at the foot of the ramp turn right and follow Mt. Pleasant Road for approximately one mile.
- Turn right at the main entrance (traffic light) to Pitt-Greensburg and make the next right on to campus.

From the North (via Routes U.S. 119 or PA 66)

- U.S. Route 119 and PA 66 become Main Street in Greensburg.
- Follow Main Street south to its intersection with Mt. Pleasant Road.
- Turn left at traffic light onto Mt. Pleasant Road to a cross over section in the road and continue on Mt. Pleasant Road.
- Turn right at the main entrance (traffic light) to Pitt-Greensburg and make the next right on to campus.

○ Is the applicant under current medical care?

▪ **YES / NO** (circle one)

▪ If **YES**, explain: _____

○ Is the applicant taking medications (prescribed / over-the-counter)?

▪ **YES / NO** (circle one)

List of Medications	
NAME	DOSAGE



WESTMORELAND COUNTY CAMP CADET ASSOCIATION



PARENTAL PERMISSION AND RESPONSIBILITY

I understand that the Westmoreland County Camp Cadet Association may accept my child to attend camp on the basis that I/WE have agreed to assume all risks arising from participation in said camp. I/WE, the Parent/ Legal Guardian of _____, consent to his/her FULL participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending camp. In the event of illness or accident during the course of activities, I request that measures be instituted, without delay, as judgment or medical personnel dictate. The camp staff and/or local EMS/Hospital staff have my permission to treat the above child in the event of an emergency.

I/WE am interested in the policies, regulations, and aims of the activities of the Westmoreland County Camp Cadet program. I will talk to my child prior to camp and encourage them to take part in all activities, and to cooperate with the camp staff and guest speakers. In the event any of the camp activities are planned away from the camp area, my child has permission to take part in such activities.

I/WE also understand that if my child's behavior violates any of the camp's rules or intimidates other cadets, the camp counselors reserve the right to dismiss the cadet from camp. Transportation to and from the camp is my responsibility.

Parent / Guardian (Print Name): _____

Parent / Guardian (Signature): _____

Date: _____

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Address: _____

I request and authorize **Westmoreland County Camp Cadet Association** to release healthcare information of the patient named above to **Emergency Medical Services** or as may be needed to **Emergency Medical personnel** who may be deemed necessary by Camp officials or any Camp counselor or instructor.

This request and authorization applies to:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> All medical information disclosed by the parent or the minor child as part of the Camp Application procedure or as may be learned by Camp officials from the child during camp | |
| <input checked="" type="checkbox"/> All hospital records (including nurses records and progress notes) | <input checked="" type="checkbox"/> Dental Records |
| <input checked="" type="checkbox"/> Transcribed hospital records | <input type="checkbox"/> Physical therapy records |
| <input checked="" type="checkbox"/> Medical records needed for continuity | <input checked="" type="checkbox"/> Emergency and urgency care notes |
| <input checked="" type="checkbox"/> Most recent five-year history | <input type="checkbox"/> Billing statements |
| <input type="checkbox"/> Laboratory reports | <input type="checkbox"/> All reports and testing |
| <input checked="" type="checkbox"/> Pathology reports | <input type="checkbox"/> All self-patient reporting documents |
| <input type="checkbox"/> X-Rays, MRI's, CT Scans, and Images | <input type="checkbox"/> Sensitive Materials (see below) |
| <input checked="" type="checkbox"/> All diagnostic reports | <input type="checkbox"/> All of the Above |
| <input type="checkbox"/> Clinical office chart notes | <input type="checkbox"/> Other [If other, enter specific information] |

This information, if requested, is being requested for the purpose of: Patient care only while the patient is attending the Camp Cadet summer camp session.

Please release records for the dates of: Any & All

Note on "Sensitive Materials": Sensitive materials may include, but is not limited to any health care information relating to testing/diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If "Sensitive Materials" has been checked, you are specifically authorized to release all health care information relating to such acquired information, diagnosis, testing, or treatment.

I have read and understand the following:

- This authorization is revocable at any time by the patient.
- Although prohibited, it is possible that my PHI may be re-disclosed as a result of the patient's litigation by the facility receiving my records, therefore, the provider has no responsibility or liability as a result of the re-disclosure, and such information would no longer be protected by the HIPAA privacy rule.

Signature of patient or patient's authorized representative

Date Signed

Relationship or status if signed by anyone other than patient
 (parent, legal guardian, personal representative, etc.)

PHOTO / VIDEO RELEASE

To memorialize the event, our camp counselors and various volunteers may be taking still and video photographs of the camp cadet candidates throughout the duration of the program. It is necessary to secure the consent of the parents for use and appropriation of the name and photograph of these children, so that the photographs can be prepared and the images of the camp cadet candidates may be used for future advertising purposes. Success of the program is highly dependent on how well it is advertised to future candidate classes.

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any Westmoreland County Camp Cadet Association broadcast, publication, demonstration, or display of photographs and or video/film recording of **Westmoreland County Camp Cadet Association** (hereinafter "**Camp Cadet**").

The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by **Camp Cadet** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release **Camp Cadet**, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness.

I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign and seal as follows.

Parent / Legal Guardian

Name (Print): _____

Signature: _____ Date: _____