

WELCOME TO CAMP 2025!

**SUNDAY, AUGUST 3rd –
SATURDAY, AUGUST 9TH**



HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
HOPEWITHHEART.ORG

Dear Campers and Camper Families,

I hope this letter finds you happy and healthy. Hope With Heart is truly looking forward to seeing new faces and all our returnees this year!

Our camp will run **Sunday, August 3rd to Saturday, August 9, 2025**. Please be sure to keep our initial application deadline of **April 30th** and medical document deadline of **June 30th** in mind. These deadlines ensures our staff has proper time to begin reviewing and vetting information so appropriate planning and accommodations are put in place. I cannot stress enough how important it is that the deadlines are met. If there are any issues or concerns you have about meeting a deadline please contact our Camp Director, Alissa Gretina, right away via email or by phone so she can address any concerns and help keep you on track throughout the application process.

Alissa's contact information: HopeWithHeartApp@gmail.com | Cell: 973-568-1217

INITIAL CONTACT

Please take a moment today to fill out our **Camper Intention Form** found on the home page of our web site: www.HopeWithHeart.org. This will let us immediately know that your child intends to attend camp and help us collect some important information about your camper and you. Our attendance numbers determine costs and allow us to budget accordingly. Thank you in advance for tending to this task right away.

APPLICATION

Please begin the application as outlined on the following pages. Keep us informed of any upcoming appointment dates. If you are unsure whether your child will be attending camp, I encourage you to continue the application process "just in case." We understand doctor appointments are scheduled after April 30, 2025. If your child has a follow-up visit with their cardiologist or any further cardiac testing (Holters, Stress Test) or procedures (cardiac cath) after April 30, 2025, it is imperative to submit that information before final acceptance in the camp program. We suggest you schedule the necessary appointments early.

I am looking forward to seeing you all this August!

Sincerely,
George Kipel, M.D.
Hope With Heart Medical Director



Email:

HopeWithHeartApp@gmail.com

Mail:

Hope With Heart
PO Box 354
Waldwick, NJ 07463



General questions?

Please contact Camp Director, Alissa Gretina, at HopeWithHeartApp@gmail.com or by phone at 973-568-1217

Medical questions?

Please contact Dr. George Kipel at 201-741-0683

APPLICATION PROCESS

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Camper Intention Form: Please complete our Camper Intention Form found on the home page of our website: www.hopewithheart.org.



Begin the Application: Please submit pages 4 through 11, including your camper's photo and insurance card, before April 30. Their EKG with Cardiology Notes, Physical Exam Form, and Immunization Record can follow no later than June 30th.

Please complete all sections of the application. Type or print clearly in black ink. Make sure your cell phone and email address are legible. Please do not staple your child's application if you are planning to mail it.

NOTE: We can only accept emailed applications in **PDF file format**. If you are unable to create a PDF, please mail a hard copy of your application and supporting documents to:

Hope With Heart, PO Box 354 Waldwick, NJ 07463

PLEASE NOTE

- Tetanus should be on or after 08/02/18.
- If your child has a pacemaker you will need to include a Pacemaker Interrogation.
- If your child had a transplant you will need to include the last biopsy.
- It is your responsibility to follow-up with your physician for his/her forms.



Communications Timeline: In early July, we will email you directions to camp as well as a list of things to bring. In mid-to-late July we will email an arrival time for your camper to check-in. Camper pick up is at 10:30am on Saturday, August 9th.



Medical questions? Please contact Dr. George Kipel at 201-741-0683.

Application questions? Please contact our Camp Director, Alissa Gretina: via email at HopeWithHeartApp@gmail.com or by phone at 973-568-1217.

HOPE WITH HEART'S RECEIPT OF APPLICATION DOES NOT GUARANTEE A SPOT AT CAMP. ONCE ALL APPLICATION INFORMATION HAS BEEN RECEIVED AND THE CHILD IS CONSIDERED MEDICALLY APPROPRIATE TO ATTEND, YOUR CHILD WILL BE ACCEPTED TO CAMP. ALL CAMPERS MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN.

APPLICATION MILESTONES

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TODAY

- If you have not already done so, please fill out our **Camper Intention Form** on our homepage by visiting www.HopeWithHeart.org



Before APRIL 30th, please mail or email us:

- Pages 4 through 11 of this document**
 - Personal Data
 - Health Status
 - Medications
 - 2025 Agreements
- Photo of your camper taken in 2025**
- Copy of medical insurance card**
 - Front & back



Before JUNE 30th, please mail or email us:

- EKG with Cardiology Notes**
 - Performed after 1/1/2025
- Physical Exam Form**
 - The last 2 pages of this application are ideally completed by your camper's pediatrician
- Current Immunization Record**
 - Tetanus must be after 08/02/2018

- Pacemakers ONLY:** Pacemaker/Defibrillator Interrogation dated after 3/1/2025

- Transplant ONLY:** Last biopsy



Camp ARRIVAL and DEPARTURE

- ARRIVAL:** Sunday, August 3rd; we will let you know your arrival time in mid-to-late July
- DEPARTURE:** Saturday, August 9th at 10:30 AM



Email:
HopeWithHeartApp@gmail.com

Mail:
Hope With Heart
PO Box 354
Waldwick, NJ 07463

General questions?
Please contact Camp Director, Alissa Gretina, at HopeWithHeartApp@gmail.com or by phone at 973-568-1217

Medical questions?
Please contact Dr. George Kipel at 201-741-0683

PERSONAL DATA 1 of 2

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CAMPER INFORMATION

"First-time" Camper? Yes (we can't wait to welcome you!) No (we can't wait to see you again!)

Camper Name (first and last): _____

Preferred First Name: _____ Gender Identity: _____

Date of Birth: ____ / ____ / ____ Age on first day of camp (August 3, 2025): _____

CAMPER'S T-SHIRT SIZE: YOUTH: XSM SM M LG
ADULT: SM M LG XLG 2XLG

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Preferred Phone: Day Night Cell

IF A PARENT / GUARDIAN IS NOT AVAILABLE IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

EMERGENCY CONTACTS MUST BE 21 YEARS OF AGE OR OLDER

First & Last Name: _____ Relationship to Camper: _____

Email Address: _____

City & State Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Preferred Phone: Day Night Cell

Parent / Guardian Signature: _____ Date: _____

PERSONAL DATA 2 of 2

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Camper Name (first and last): _____

PEDIATRIC CARDIOLOGIST

Pediatric Cardiologist Name: _____

Hospital Affiliation or Practice Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

PRIMARY PEDIATRICIAN

Pediatrician Name: _____

Practice Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

HEALTH INSURANCE INFORMATION



Please attach a clear copy of your **INSURANCE CARD**, both front and back.

Policy Holder's Name: _____

Health Insurance Company: _____

Policy #: _____ Group #: _____

UPCOMING APPOINTMENTS

Date of camper's next doctor's appointment(s), if after April 30, 2025: _____

HEALTH STATUS 1 of 3

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Camper Name (first and last): _____



A GENTLE REMINDER: Prior to June 30th, please mail or email us your camper's:
• EKG with Cardiology Notes dated after 1/1/2025.
• Physical Exam Form and Immunization Record with Tetanus 8/2/2018 or later.

1. Diagnosis: _____

2. Please check any of the following that apply to your camper:

Pacemaker Heart Transplant Defibrillator

3. Is your camper challenged by any of the following? (If yes, please explain):

NO	YES
<input type="checkbox"/>	<input type="checkbox"/> Asthma _____
<input type="checkbox"/>	<input type="checkbox"/> Bed wetting _____
<input type="checkbox"/>	<input type="checkbox"/> Chronic illness _____
<input type="checkbox"/>	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/> Eating disorders _____
<input type="checkbox"/>	<input type="checkbox"/> Migraines / frequent headaches _____
<input type="checkbox"/>	<input type="checkbox"/> Orthopedic injuries _____
<input type="checkbox"/>	<input type="checkbox"/> Scoliosis _____
<input type="checkbox"/>	<input type="checkbox"/> Seizures If yes, are they under control with medication? _____ Type of seizure: _____ Frequency: _____ What may stimulate the onset of a seizure? _____ _____

HEALTH STATUS 2 of 3

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Camper Name (first and last): _____

4. Does your camper have ALLERGIES to the following? (If yes, please explain):

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Medication? If yes, please list: _____ Reaction: _____ Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Environmental? If yes, please list: _____ Reaction: _____ Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Food? If yes, please list: _____ Reaction: _____ Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Bee sting? If yes, please describe reaction: _____ _____ Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Allergies? (If yes, please specify along with reaction and treatment) _____ _____ _____

5. If applicable, has your camper begun their menstrual cycle?

First menstrual date: _____

Abnormal menstrual history? If yes, please explain: _____

Treatment: _____

HEALTH STATUS 3 of 3

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Camper Name (first and last): _____

6. Is your camper challenged by any of the following?

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Learning disabilities? (i.e. ADD, ADHD, Perceptual Impairment, etc.) If yes, please explain: _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional issues? (Has the camper displayed and/or been treated for emotional issues?) If yes, please provide detail, treatment, and suggestions for successfully managing the situation: _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral issues? (Has the camper displayed and/or been treated for behavioral issues?) If yes, please provide detail, treatment, and suggestions for successfully managing the situation: _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical limitations? (Do you anticipate any problems with your child meeting their own physical needs?) If yes, please explain: _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional concerns? (Please share any other conditions or concerns not already listed) If yes, please provide detail and treatment: _____ _____ _____

MEDICATIONS

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Please include prescriptions as well as regular use of over-the-counter vitamins, antihistamines, skin products, sleep aids, etc. Attach a separate sheet if necessary.



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Camper Name (first and last): _____

NAME OF MEDICATION	AMOUNT OF DOSAGE	NUMBER OF TIMES PER DAY	EXACT TIME OF ADMINISTRATION

1. Please describe if your camper has any problems taking medication: _____

2. Please share special instructions for giving medication and be VERY specific: _____

3. Please check any of the following for which you consent to our medical staff administering to your camper in the dosage for his/her weight:

- Motrin Tylenol (acetaminophen) Pepto-Bismol Benadryl Delsym Cough Syrup



Please provide your child's medication separated in a weekly box and bring original containers with an extra supply for emergency. If there is any change in your child's medical status or medication after submitting this application, please email the new information to us at HopeWithHeartapp.org.

PARENT / GUARDIAN SIGNATURE

Parent / Guardian Signature: _____ Date: _____

2025 AGREEMENTS 1 of 2

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Camper Name (first and last): _____

NOTE: Each box must be checked that you are in agreement with Hope With Heart's 2025 Camp Policies.

PARENT AUTHORIZATION AND HOLD HARMLESS AGREEMENT

I give my permission for my child to attend Hope With Heart's 2025 Camp program from August 3, 2025, to August 9, 2025. I understand that the camp will offer a variety of fun and enriching activities, some of which may be new to my child. While Hope With Heart takes all reasonable precautions to ensure my child's safety, I understand that, like any activity, there are risks involved in participating in both on-site and off-site activities (such as mini-golf, bowling, water parks, and theme parks).

I know that Hope With Heart staff and medical professionals will be present to supervise and care for my child, but certain risks are part of any camp experience. By signing this form, I acknowledge and accept these risks, understanding that my child's participation in these activities is voluntary.

In consideration of my child attending Hope With Heart's 2025 Camp program, I agree to indemnify, defend, and hold harmless Hope With Heart, Happiness Is Camping, their employees, volunteers, agents, and affiliates from any claims or damages arising from my child's participation. This agreement is in effect from 12:00 am on August 3, 2025, to 11:59 pm on August 9, 2025.

MEDICAL AUTHORIZATION

I affirm that the health history provided in this application is accurate to the best of my knowledge. I give permission for my child to engage in all activities deemed appropriate by camp staff, except as noted by me or the examining physician. I authorize Hope With Heart to contact any of my child's medical providers to discuss their status and obtain records.

I authorize Hope With Heart staff to administer medications as required for my child during the camp session. In the event of an emergency where I cannot be reached, I grant permission for the physician selected by Hope With Heart to hospitalize, provide treatment, and perform any necessary procedures, including injections, anesthesia, or surgery.

NOTE: If I have not provided proof of up-to-date immunizations for my child, I understand that, as mandated by the New Jersey Department of Health, my child will be transported to a hospital in the event of a serious cut or abrasion.

continued on next page...

2025 AGREEMENTS 2 of 2

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RESPECT AND KINDNESS POLICY

- I agree to discuss the importance of respecting Hope With Heart’s rules with my child prior to their arrival at camp. I understand that Hope With Heart reserves the right, at its sole discretion, to dismiss any camper whose behavior does not align with the camp’s values and expectations.

I acknowledge the “3 strikes” policy for behavior violations and agree to pick up my child early from camp if requested due to them reaching “strike 3.” Furthermore, I understand that bullying of any kind is strictly prohibited at Hope With Heart, and may result in immediate dismissal from the camp program. In the event of such dismissal, I, as the parent/guardian, am responsible for any additional costs for my child’s early departure, including travel, food, or lodging.

FIELD TRIPS AND OFF-CAMPUS ACTIVITIES

- I acknowledge that my child may participate in field trips or off-campus activities during the Hope With Heart 2025 camp session, including but not limited to mini-golf, bowling, water parks, and theme parks. I understand that these activities may involve transportation in camp vehicles or by other means and may present additional risks beyond those associated with on-site activities.

I authorize Hope With Heart to transport my child and allow them to participate in such activities during the camp program. I also acknowledge that while camp staff and medical personnel will be present during these activities, there may be specific risks associated with each outing, and I give my consent for my child to participate in these activities.

PHOTOGRAPHY AND VIDEO CONSENT

- I grant permission for photographs and videos of my child to be taken during camp activities. These images and videos may be used for promotional purposes, including but not limited to, posting on the Hope With Heart website, social media channels, or other camp-related materials. I understand that no full names or specific locations will be disclosed when these images are shared publicly.

CONCLUDING STATEMENT AND SIGNATURE

By signing below, I affirm that I have read and fully understand the information and policies provided in this consent form. I agree to the terms outlined above and give my permission for my child to participate in the Hope With Heart 2025 Camp program. I understand that I can contact camp staff with any questions or concerns before signing this form.

Parent / Guardian Signature: _____

Relationship: _____ Date: _____

ABOUT HWH CAMP 2024

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Program Description for Your Camper's Practitioner

Dear Physician,

Hope With Heart is an annual medically supervised recreational and social experience which provides children, ages 7 to 17, with heart problems an environment of relaxation and fun. Here, with appropriate limitations, children with heart disease discover among their peers that they can safely enjoy moderate physical activity. They are also encouraged to voice the questions they usually cannot ask, share the concerns they must usually hide, and learn to feel the pride and self-respect that is usually beyond their reach.

Hope With Heart is unique because it accepts high-risk children with limited life expectancies. Attendees have encountered a wide range of heart problems, including valve replacements, pacemakers and transplants. All medical aspects are overseen by The Pediatric Center for Heart Disease at Hackensack University Medical Center. We have cardiac care nurses in residence throughout camp.

This seven-day, six-night sleepaway camp is free of charge to families and diverse in many ways. Each new season brings representatives of various races, ethnicity, and creeds. Our campers come primarily from the tri-state area, but there are no geographic restrictions.

For more than 35 years, our philosophy and policy have remained simple: any child with a serious heart problem deserves to enjoy what Hope With Heart can offer.

We are a not-for-profit organization with a dedicated group of individuals who volunteer their time to provide a true camp experience for these children. We are incorporated in the State of New Jersey with an established Board of Directors and By-Laws. We are classified as a Membership organization, where members consist of all parents and guardians. Members bear no obligation but are invited to attend our annual meeting.

Thank you for helping your patient become a Hope With Heart Camper.

Sincerely,

The Board of Directors
Hope With Heart

PHYSICAL EXAMINATION 1 OF 2

HWH CAMP 2025 • SUN-SAT • AUG 3-AUG 9

TO BE COMPLETED BY A LICENSED PRACTITIONER



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Camper Name (first and last): _____ DOB: _____

This examination must be completed between 1/1/2025 and 6/30/2025.

Height: _____	Weight: _____	Blood pressure: _____	Oxygen Saturation Rate: _____
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Please check code below: **S**=Satisfactory **U**=Unsatisfactory **NE**=Not examined

S	U	NE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teeth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities

VISION: Left Eye _____ Right Eye _____	
Glasses / Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HEARING: Left Ear _____ Right Ear _____	
Hearing Aids? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Heart diagnosis: _____

Allergies (please specify): _____

General appraisal: _____

PHYSICAL EXAMINATION 2 OF 2

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TO BE COMPLETED BY A LICENSED PRACTITIONER



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Camper Name (first and last): _____ DOB: _____

Recommendations and activity restrictions at camp: _____

PRESCRIPTION MEDICATION

NAME OF MEDICATION	AMOUNT OF DOSAGE	NUMBER OF TIMES PER DAY	EXACT TIME OF ADMINISTRATION

Please provide your child's medication separated in a weekly box and bring original containers with an extra supply for emergency. If there is any change in your child's medical status or medication after submitting this form, please email the new information to us at HopeWithHeartApp@gmail.com.

PHYSICIAN INFORMATION AND SIGNATURE

Examining Physician: _____

Practice Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physician's Signature (required): _____ Date: _____