

# CAMP BIG HEART CIVITAN

## 2010 CAMPER APPLICATION FORM

**SESSION 1: JUNE 13 – 18, 2010 (Ages 7 – 25)**

**SESSION 2: JUNE 20 – 25, 2010 (Ages 26 +)**

Application **must** be received by April 16, 2010. Campers are accepted on a first-come, first serve basis.

Please send **all** the following items. Failure to do so will result in application being returned.

- \_\_\_\_\_ Completed application (6 pages)
- \_\_\_\_\_ Current photograph
- \_\_\_\_\_ Medical form front and back (**Must** be signed by a physician)
- \_\_\_\_\_ Copy of insurance card(s) – front and back (includes Medicare, Medicaid and private Insurance)
- \_\_\_\_\_ Camp fee of \$385.

Please list your source of payment **if other than “family.”** It is **your** responsibility to contact the appropriate organization to ask for funding and to complete the necessary paperwork. I will be happy to help if you have problems with this.

Specify funding source: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact person: \_\_\_\_\_

NOTE: To apply for a sponsorship from Civitan, a statement of financial need must be included.

Please make checks payable to Camp Big Heart Civitan

**Return application to:**

**Camp Big Heart  
150 Thrasher Road  
Covington, GA 30016  
[campbigheart@bellsouth.net](mailto:campbigheart@bellsouth.net)  
678-294-1916**

Camper name and **mailing address**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_

Age::\_\_\_\_\_

Date of Birth:\_\_\_\_\_

Does camper live in a group home? Yes\_\_\_\_ No\_\_\_\_

Has camper attended Camp Big Heart before? Yes\_\_\_\_ No\_\_\_\_

If not, how did you hear about Camp Big Heart? \_\_\_\_\_

Please circle t-shirt size: **Adult:** Small Medium Large X-Large XX-Large

**Youth:** Small Medium Large X-Large

Please circle session camper will attend: **Session 1:** June 13-June 18, 2010

**Session 2:** June 20-June 25, 2010

Legal guardian's name and address: (If camper is own legal guardian, please indicate:

\_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Office # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list 2 people to notify in case of emergency other than legal guardian:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Office # \_\_\_\_\_ Office # \_\_\_\_\_

Cell# \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_  
Camper's Name

**PERSONALITY & ACTIVITY PROFILE**

(Please circle the appropriate answer)

**Does camper make friends easily?** YES NO

**How well does camper swim?**

WELL WATER PLAY NOT AT ALL

**Can camper bathe self?**

YES NO WITH ASSISTANCE

**Will camper participate in group activities?**

YES NO WITH ENCOURAGEMENT

**Does camper have seizures?** YES NO

**Is camper sensitive to** LOUD NOISES LARGE GROUPS BRIGHT LIGHT

**Other:** \_\_\_\_\_

**What is camper's favorite activity?** \_\_\_\_\_

\_\_\_\_\_  
**Has camper ever stayed away from home overnight?** YES NO

**Does camper have sleep disturbances?** YES NO

If yes, please specify: \_\_\_\_\_

**Does camper have diabetes?** YES NO

**Does camper have or is a carrier of Hepatitis B?** YES NO

**Is there any information that we need to know or that would help us make your camper's stay more fun and productive?** \_\_\_\_\_

\_\_\_\_\_  
**Are there any behavior issues of which we should be aware?** YES NO

Please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MANDATORY RELEASE FORM FOR CAMPER

**(All 3 paragraphs MUST be signed)**

The completed and signed release form **MUST** accompany all camper applications. All information is mandatory. NO camper will be considered for attendance at camp until COMPLETED application and all necessary forms are received by Camp Big Heart personnel.

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PRINT name of camper

Date

“To the best of my knowledge, full disclosure of the above named participant’s medical history has been made to the Physician/Licensed Health Care Provider named on participant’s medical section of this application and that such Health Professional has noted any and all pertinent and applicable conditions on these forms so that Camp Big Heart medical personnel and/or emergency medical personnel will have record of such. I hereby agree to indemnify and hold harmless the actions of Civitan’s Camp Big Heart, Camp Will-A-Way, and/or any volunteers, employees, agents of any or all of these entities against any and all claims arising from bodily injury or loss suffered by the above named. I authorize such physician or medical staff as Civitan’s Camp Big Heart/Camp Will-A-Way may designate to carry out any minor medical or surgical treatment and/or administer medication necessary. In the event that illness, accident or injury should occur to the above named, I authorize treatment deemed necessary and prudent and I assume complete responsibility for any hospital and/or medical expenses incurred thereto. It is understood that if hospitalization or treatment of a more serious nature is required, Camp Big Heart personnel will make every attempt to notify me.”

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**Signature of Legal Guardian**

Photo release: “ I agree to allow photography of above named to be used by the Civitan Camp Big Heart and/or Camp Will-A-Way for any publicity and/or promotional and/or educational purposes including leaflets, flyers, brochures, television, newspapers, magazines, advertisements, audio-visuals, videos, etc. which further the aims of Civitan’s Camp Big Heart: to provide a summer recreational camp for our campers who are mentally challenged at a low cost to the participants: the majority of costs of said camp being underwritten by the Camp Big Heart Civitan Club.”

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**Signature of Legal Guardian**

“I understand that the above named participant’s transportation to and from Camp Big Heart is my responsibility. I further understand that the above named participant is to be picked up from Camp Will-A-Way in Winder, GA between 9:00AM and 10:00AM on Friday ending his/her session. **There will be a \$50.00/hour charge for late pick-ups.**”

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**Signature of Legal Guardian**

**EXHIBIT A**

**CAMP TWIN LAKES, INC.  
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification, And Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me or my child to attend and participate in activities at CTL's facility ("Camp Twin Lakes - Will-A-Way"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of injury, illness, infirmity, disease, or any loss of any kind, personal or property, to me or my child during or related to me or my child's attendance at a camp at Camp Twin Lakes - Will-A-Way. I understand and certify that me or my child's participation in \_\_\_\_\_ ("Partnering Organization") and its activities at Camp Twin Lakes -Will-A-Way is completely voluntary and I have familiarized myself with Partnering Organization's program and activities at Camp Twin Lakes - Will-A-Way in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherit in Partnering Organization's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injures. I further recognize and have instructed me or my child, to the extent my child will be attending and participating in activities at Camp Twin Lakes - Will-A-Way, in the importance of knowing and abiding by the rules, regulations, and procedures for Partnering Organization's camp at Camp Twin Lakes - Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of me or my child's participation at Camp Twin Lakes - Will-A-Way, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that me or my child incur and that I have received approval from a doctor authorizing me or my child to participate in the activities at Camp Twin Lakes - Will-A-Way. I further agree to inform Partnering Organization of any activities in which me or my child is not to participate.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.**

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Minor Child or Ward (if applicable):** \_\_\_\_\_

**EXHIBIT B**

**CAMP TWIN LAKES, INC.  
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of me or my child's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).**

**Adult signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Minor Child or Ward (if applicable):** \_\_\_\_\_