

Application for Buddies of Campers:

You must complete the attached forms and return back to the Alabama Head Injury Foundation before deadline February 1, 2024. Please mail back with campers completed application.

Please attach a photocopy of your Driver's Licensed or picture identification!

**Alabama Head Injury Foundation
Atten: Chandraia Whitted, Camp Coordinator
500 Chase Park South Suite130
Hoover, AL 35244**

**EASTER SEALS CAMP ASCCA
MEDICAL CARE AND PUBLICITY CONSENT
WAIVER FORM**

VII. MEDICAL RELEASE: MUST BE COMPLETED IN FULL AND RETURNED WITH APPLICATION

NAME _____ **SESSION** _____

I hereby grant permission to the Camp Physician or his/her authorized representatives to furnish or arrange for the furnishing of such hospital and/or medical care as the above mentioned might require during such time as he/she is a resident of Camp ASCCA.

This medical care shall include, but not be limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

This permission is conditioned upon the understanding that in an event of serious illness or accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said camper.

This form may be photocopied. Camp ASCCA has permission to obtain a copy of the above camper's health record from the providers treating him/her. I understand that information about his/her health will be shared on a "need to know basis" with other medical providers/Camp ASCCA staff.

For and in consideration of said covenants, the camper and the undersigned hereby release, acquit, and covenant to hold harmless the said Camp Physician and all other persons, firms, and corporations from all claims, damages, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators and legal representatives and assigns, arising out of any of the above procedures.

Signed (Parent or guardian) - *Your printed name will serve as your signature* Date

Witness - *Your printed name will serve as your signature* Date

Permission is also granted for said camper to be photographed and/or videotaped, with such pictures, video recordings and names to be used in public relations and fund-raising efforts (including websites) to promote programs of Camp ASCCA and Easter Seals Alabama.

Signed (Parent or guardian) - *Your printed name will serve as your signature* Date

Signed (Witness) - *Your printed name will serve as your signature* Date

APPLICATION MUST BE FULLY COMPLETED BEFORE CAMPER IS CONFIRMED.

**NOTICE OF PROGRAM/ACTIVITY
CONSENT AND RELEASE**

(Name)

(Session)

Easter Seals Camp ASCCA strives to provide an enjoyable and enriching experience for all campers. Camp staff is trained to determine whether a camper is able to safely participate in an activity and will provide instruction and supervision of the camper prior to and during each activity.

It is important, however, that the Camper/Sponsor alert Camp ASCCA of any activity which is unsuitable or objectionable, including any of the following activities which are normally provided at the camp:

- | | |
|--------------------------|---|
| arts and crafts | horseback riding (ring riding) |
| boat rides | nature study |
| camping | ropes course (treehouse, zip line, cargo net) |
| climbing/rappelling | shooting sports (riflery, skeet, archery) |
| dancing | Sports and games of various types |
| farm (petting zoo) | swimming |
| field trips outside camp | Water skiing and tubing |
| fishing | Water slide |
| hiking | canoeing |

Please list below all activities which you direct Camp ASCCA not to provide camper.

Release

I, the undersigned, recognize and understand that there are inherent dangers and risks associated with the natural environment and through participating in the Camp's recreational activities. Accordingly and in consideration of Camp ASCCA enrolling camper or me in the Camp (with the exception of those activities I have directed Camp ASCCA to exclude as written above), I, and on behalf of the camper, hereby release and hold harmless Camp ASCCA, its agents and employees, of and from any and all claims, actions, causes of actions, and demands, for all injuries, damages, and losses, incurred or which may occur, to me or the camper as a result of, or arising out of, activities during camp.

Note: Your typed name below will serve as your signature.

Signed: _____

Relationship: _____

Witness: _____

Date: _____

This Form is **only** if you are one of the following and will be attending the camp with the camper:

CHECK ONE:

() ASCCA STAFF () Volunteer () Agency Staff () Attendant () Family Member

CAMP ASCCA MEDICAL HISTORY (non-camper)

THIS FORM REQUIRED BY ACA (AM. CAMPING ASSOCIATION) TO BE USED IN THE EVENT OF MEDICAL CARE AS DEEMED APPROPRIATE BY CAMP'S AUTHORIZED MEDICAL PROVIDERS.

Name _____

SEX: () F () M AGE: _____ DOB: ____ - ____ - _____

Emergency Contacts:

1. **Name** _____
Address _____
Telephone () - _____ **Relationship** _____

2. **Name** _____
Address _____
Telephone () - _____ **Relationship** _____

Pertinent Medical History:

_____ No Known Allergies Year of Last Tetanus Booster: _____

_____ Medication/Food or Environmental Allergies; please list, and describe reaction, and explain how it is managed. _____

_____ List Chronic or Recurring Illness or Medical Conditions: _____

_____ Current Medications/Dosages: _____

INSURANCE CARRIER _____ NUMBER _____

Signature of Person completing form (your typed name will serve as your signature):

_____ Date: ____ - ____ - _____

Buddies Must Fill Out All Pages!!