

IMPORTANT INFORMATION FOR CAMP BIG HEART APPLICANTS

**PLEASE NOTE OUR NEW LOCATION AT CAMP JOHN HOPE
FFA-FCCLA CENTER IN FORT VALLEY, GA.
281 Hope Entrance Road, Fort Valley, GA 31030**

Session One will be Sunday, June 21 to Friday, June 26, 2015. The ages for this session are **ages 7 to 28**. Campers will be in cabins with their own age group and will participate in activities with the same group.

Session Two will be Sunday, June 28 to Friday, July 3, 2015. The ages for this session are **ages 26 and older**.

It is very important that you arrive between 2:00PM and 4:00PM for registration on Sunday afternoon. We will not be able to accommodate early arrivals. We will not be set up for registration until 2:00PM. We need to complete the registration process by 4:00 to allow time to organize the medical records so that we stay on schedule with dinner medications.

A reminder that campers are accepted on a first come, first serve basis. **Campers must be toilet trained and able to take care of their personal needs with supervision and minimal assistance.**

There will be a **\$50/hour/camper charge for campers not picked up by 10:00AM** on Friday. There will be no exceptions. **If you are late, you will be billed at the above rate.** We do not have staff available after 10:00 AM to provide supervision. **IF YOU WILL NOT BE THE PERSON PICKING UP YOUR CAMPER, PLEASE PROVIDE THAT PERSON'S NAME AND PHONE NUMBER IN THE APPLICATION AND AT CHECK IN. MAKE SURE THEY ARE AWARE OF THE PICK UP TIME.**

Even if you have been attending camp for a number of years, you must fill out a complete application each year. At the end of each camp year, current applications are destroyed due to lack of storage space. **Therefore, it is necessary that you submit new photos and complete information each year.**

Please do not mail your applications via certified mail. This may delay processing of your application. Applications or missing documents are not accepted via email or fax!

We are looking forward to a wonderful 2015 at Camp Big Heart and can't wait to see each and every one of you.

Please contact camp at campbigheart@bellsouth.net or at 678-294-1916.

Camp mailing address is P.O. Box 870150, Stone Mountain, GA 30087..

CAMP BIG HEART

2015 CAMPER APPLICATION FORM

SESSION 1: June 21-26, 2015 (Ages 7 – 28)

SESSION 2: June 28-July 3, 2015 (Ages 26 & up)

Application **must** be received by April 15, 2015.

Campers are accepted on a first-come, first serve basis. If camp sessions are full prior to deadline, we cannot accept any more campers, but will establish a waiting list.

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

_____ Completed application for each session.

_____ Current photograph

_____ Medical forms (**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.

If you need assistance from the Epilepsy Foundation of Georgia to cover the cost of camp for your child, please put EFGA in the funding source line below.

Specify funding source: _____

Address: _____

Phone number: _____

Contact person: _____

Please make checks payable to Camp Big Heart Civitan

Return application to:

Camp Big Heart
P.O. Box 870150
Stone Mountain, GA 30087
campbigheart@bellsouth.net
678-294-1916

Camper name and **mailing address**:

Male_____ Female_____

Age::_____

Date of Birth:_____

County of Residence _____

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 21-26, 2015

Session 2: June 28-July 3, 2015

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 WILL BE PICKED UP BY THE FOLLOWING:

PH

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

CAMPER MUST BE POTTY TRAINED

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

Does campers use any adaptive equipment or special medical equipment or supplies? If so, please describe and be aware that camper must provide these items. _____

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.

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 John Hope, 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 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.”

Signature of Legal Guardian

Photo release: “ I agree to allow photography of above named to be used by the Camp Big Heart Civitan 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 developmentally challenged at a low cost to the participants: the majority of costs of said camp being underwritten by the Camp Big Heart Civitan Club.”

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 between 9:00AM and 10:00AM on Friday ending his/her session. **There will be a \$50.00/hour charge for late pick-ups.**”

Signature of Legal Guardian

MEDICATIONS

For your camper to attend Camp Big Heart, the following MUST be completed.

1. All medications must be set up in a 4 dose per day, seven day pill box. **No pre-packed medicines will be allowed.** All medications must be opened and placed in the camper's pill box. If this is not done at the camper's place of residence, the person transporting the camper will be responsible for doing this prior to being able to register the camper. **PLEASE INCLUDE THE ORIGINAL PRESCRIPTION BOTTLES OR PACKAGING WITH ONE EXTRA DOSE OF EACH MEDICATION. The bottles or packaging will be returned to parent or guardian once medication check in is completed upon arrival at camp.**
2. In order to accommodate all our campers, we will be giving meds 4 times per day: before breakfast, before lunch, before supper and before bedtime. Please fill out the medication form and adjust your camper's medication schedule to these times. If you have problems with our medication times, please consult with your physician. If your physician feels that it is important to medicate your camper at specific times, please have the doctor send us his request and be sure to discuss this with the doctor at registration.
3. We will begin administering medications at camp before supper on the day of arrival. Be sure to give all medications to your camper that are due at lunch prior to your arrival at camp.

PLEASE PRINT LEGIBLY

Name of Medication	Strength (mg.)	Break-fast	Lunch	Supper	Bedtime

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CAMP BIG HEART

CAMP RELEASE FORM

- A. This agreement must be read and signed for you/your child to be eligible to attend **Camp Big Heart** .

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Big Heart and its activities is completely voluntary. I have familiarized myself with Camp Big Heart's program and the activities in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Big Heart has taken safety measures to minimize the risk of injury to camp participants Camp Big Heart cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Big Heart. Further, I have received approval from a doctor authorizing me/my child to participate in Camp Big Heart's activities. I also agree to inform Camp Big Heart of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Big Heart, and any of its officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Big Heart..

III. MEDIA RELEASE

I give Camp Big Heart the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Big Heart shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Big Heart shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Big Heart and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Big Heart. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the

furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this contract, including but not limited to any claim that all or part of this contract is void or violable.

X _____
Parent/Guardian/Self Signature

Date