Terms of Registration and Camp Release Disclosure

Terms of Registration

1. **Registration Deadline: May 9th.**
2. Registration Fee is $210 per session. Each session is two weeks. Campers must register per session.
3. **Late Registration is $300 per session.**
4. ALL fees (and/or Financial Assistance Request Forms) and paperwork, including health forms, medicine authorization (if necessary), parental consent, teacher assessment, terms or registration and camp release disclosure are due May 16. **If any of the above paperwork is missing from the camper's file as of May 16, the camper will be put on the waiting list.**
5. Open spots in camp will be filled from the waiting list based on the age group of the camper and the number of counselors available for that group. Camp Holiday maintains a 3:1 camper to counselor ratio in each group of campers. Only campers who have paid in full and have turned in all of their paperwork will be considered for an available camp slot. If no space is found for a camper on the wait list, then a full refund will be issued on the first day of the camp session for which they have been wait listed.
6. If DSAGC Camp Holiday is cancelled due to low enrollment, then a full refund will be issued.
7. In the case of a serious illness or hospitalization of the participant, a refund may be requested less any credit card processing fees; documentation from physician should be submitted at the time of the refund request.
8. NO REFUND will be granted for withdrawal requests made without documentation from a physician.

Camp Release Disclosure

By my signature below, I hereby acknowledge and confirm to the DSAGC that I have the authority to act as the legal representative of the camper. I understand that DSAGC assumes no responsibility for injuries or illnesses that a camper may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities of the DSAGC or sponsored by the DSAGC. I understand that no accident or medical insurance is provided by the DSAGC. I expressly acknowledge that at all times I assume the risk and all the financial responsibility for any and all injuries and illnesses that may result from a camper's participation in any DSAGC sponsored program or activity, including camp activities.

I give permission to the DSAGC without limitation or obligation to use the name, picture, likeness, and/or audio or video recordings in any medium of myself or the camper that the DSAGC obtains by our involvement or participation in the DSAGC organization, programs, or activities for purposes of promoting or interpreting the DSAGC programs or activities, including the solicitation of contributions, as determined appropriate in the sole discretion of the DSAGC.

Furthermore, I hereby agree to fully release, absolve, hold harmless, and indemnify the DSAGC for all liability, damages, claims, demands, costs or causes of action (including but not limited to reasonable attorney fees) that may arise in the present or future as a result of, or relating to, the activities of the DSAGC or any agent or employee of the DSAGC during my child's participation at any time in any program or activity of the DSAGC.

I hereby register my child for 2017 Camp Holiday. I understand and agree to all terms and conditions in this and all other documentation pertaining to rules and policies of the DSAGC.

Print Name of Camper_____

Print Name of Legal Representative (Parent/Legal Guardian) _____

Signature_____ Date_____

DOWN SYNDROME
ASSOCIATION OF GREATER CHARLOTTE
Camp Holiday

PARENTAL CONSENT FOR PARTICIPATION

I, _____, the parent or legal guardian of _____, give my consent for him/her to participate in the following activities.

Permission is granted to the camp staff to authorize emergency medical treatment for my child should the need arise.

Permission is granted for photographs and video to be taken of my child for future publicity.

Permission is granted to apply sunscreen on my child as needed (please supply sunscreen labelled with child's name).

Permission is granted to assist my child with dressing and in preparation for water related activities – parents will be notified in advance of this activity.

If any off-campus field trips occur, we will notify you in advance and will request an additional consent form.

_____
Print Name of Parent or Legal Guardian

_____
Signature of Parent or Legal Guardian

_____
Date

DOWN SYNDROME ASSOCIATION OF GREATER CHARLOTTE
Camp Holiday

Camper Health Record Addendum

Child's First and Last Name: _____

Camper Date of Birth: _____-_____-_____ Male ☐ Female ☐

Parent/Guardians First and Last Name: _____

Address (street, city, state, zip)**:** _____

Home Phone: _____ **Cell Phone:** _____

By signing this Health Record Addendum, I voluntarily authorize the Down Syndrome Association of Greater Charlotte (DSAGC) and/or its authorized representatives or agents to use the information contained in this form for such purposes as it sees fit, such as making a determination for participating in DSAGC, or DSAGC sponsored, programs and activities and dispensing any such medication(s) as listed above. ***In the event of an acute illness or injury, the camper will need to obtain additional medical clearance within 10 days of camp using the form we provide.*

Parent/Guardian Authorization:

_____ _____

Signature Date

THE FOLLOWING SECTION IS TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL

Vital Signs:

Height:	Weight:	Pulse:	Resp Rate (resting):	BP (resting):

General Inspection:

Area	Normal	Findings/Deviations	Area	Normal	Findings/Deviations
Head			Heart		
Eyes/Vision			Abdomen/Hernia		
Nose			Skin		
Mouth/Teeth			Lymphatics		
Ears/Hearing			Spine		
Neck/Thyroid			Extremities		
Thorax/Lungs					

Health History (Check or Give approximate dates):

Conditions	Diseases	Allergies(dates not needed)
Frequent Ear Infections	Chicken Pox	Insect Stings
Heart Defect/Diseases	Measles	Penicillin
Convulsions	German Measles	Asthma
Diabetes	Mumps	Diet Allergies/Sensitivities
Bleeding/Clotting Disorders	Hepatitis	Specify
Hypertension	Varicella Zoster	Other
Mononucleosis		

Other Health Impairments not identified above:

_____

_____

_____

Medical Information:

Current Medications (Please see Authorization of Medication Form if medications will be necessary during camp)**:**_____

_____

_____

Operations or Serious Injuries (with dates): _____

_____

_____

Is the patient prone to the following conditions and/or taking medication for such conditions?

Seizures/Convulsions: ☐ Yes ☐ No Bee Stings Reactions: ☐ Yes ☐ No

If yes, please comment: _____

_____

Has the patient been exposed to a communicable disease in the last six months? ☐ Yes ☐ No

If yes, please comment: _____

_____

Has an x-ray evaluation for atlanto-axial instability been done? Yes ☐ No ☐

If yes, was the *atlanto-dens interval is 5mm or more (indicating atlanto-instability)? Please add further detail.*

_____

_____

Immunization Dates:

Tetanus:	**Rubeola:**	**Rubella:**	**Mumps:**	**Polio:**

Hepatitis-B Vaccine Series Dates: _____/_____/_____

List any known Food/Medication/Other Allergies:_____

_____

_____

Additional Health Information: _____

_____

_____

Are there any special mental or psychological treatments or special restrictions while at camp? If so, please let us know: _____

_____

Is it your medical opinion that the applicant is able to participate in this Summer Camp? ☐ Yes ☐ No

Please include any limitations in your opinion:

_____

_____

HEALTHCARE PROFESSIONAL AUTHORIZATION:

_____ _____

Print Name of Examining Health Professional Street Address

_____ _____

Signature of Examining Health Professional City/State/Zip Code

_____ _____

Date Telephone Number

Authorization of Medication Form

Dear Parent or Guardian,

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home. If your physician decides it is necessary for your child to receive medical attention during the camp day, the approval and specific directions must be provided to the camp. It is recommended that the daily morning dose of medicine be given at home. If two (2) or more medications are prescribed for the same camper, a separate authorization form must be completed for each medication. The medication brought to camp must be in separate pharmacy labeled containers as prescribed by the doctor. You may ask your pharmacy for a second properly labeled container. A physician's signature is required on the Authorization of Medication Form which details the name of the drug, dosage, and hour the medication is to be given at camp, as well as written parental permission. New authorization forms must be obtained for each camp year or anytime the dosage or direction changes. A separate authorization form is required for asthma medication/treatment or allergic reactions (i.e. bee stings).

AUTHORIZATION OF MEDICATION FOR CAMPERS

Child's Name _____ Birthdate _____-_____-_____

Medication _____

Purpose of Medication _____

Dosage (amount to be given) _____

Relationship to meals (check one) _____ Before Meals _____With Meals _____ After Meals _____ Does Not Apply

How often and at what time (hour)? _____

Side effects (expected or predictable, please list) _____

_____

Contraindication for administration _____

Termination Date _____

In order to keep this child in optimum health, it is necessary that medication be given during camp hours. The child's parent or guardian knows of this medication request and is full agreement that DSAGC Camp Holiday personnel will administer this medication.

_____ _____ _____

Physician's Signature Telephone Date

PARENT OR GUARDIAN'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during camp hours. I will purchase and supply said medicine as needed. On behalf of my child, I absolve DSAGC Camp Holiday and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication.

_____ _____ _____

Signature Telephone Date

Print Parent/Guardian's Name: _____

TEACHER'S ASSESSMENT FORM

Name of child_____

School_____

Grade_____

Name of teacher_____

Teacher Phone Number_____

The above child has an opportunity to attend a 2 to 6 week summer camp designed with his/her needs in mind. The information that you provide will help this child achieve success at camp. All information provided will be kept strictly confidential and will be used for evaluation purposes only. Thank you for taking the time to complete this short form.

1. Do you find that he/she is able to follow direction in a classroom style environment?

_____

_____

2. How does he/she interact with other classmates?

_____

_____

3. What activities does he/she enjoy during the course of a school day?

_____

_____

4. Is there any other information that you can share which would be beneficial to us?

_____

_____

NOTE to PARENT: Please provide the teacher with a pre-address, stamped envelope for him/her to send the form directly to the DSAGC.

TEACHER: Please return this completed form by May 16 to the following address:

DSAGC – Camp Holiday
4530 Park Rd.
Suite 430
Charlotte, NC 28209-3790