

IMPORTANT INFORMATION FOR CAMP BIG HEART APPLICANTS

**PLEASE NOTE OUR 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 17 to Friday, June 22, 2018. The ages for this session are **School Age**. 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 24 to Friday, June 29, 2018. The ages for this session are **young adults and adults**. Campers will be in cabins with their own age group and will participate in activities with the same group.

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. NEW 2018 on-line application. Please go to the www.campbigheart.org and click on the 2018 Camp online application link/icon.**

We are asking everyone to please begin their 2018 application on line.

We are looking forward to a wonderful 2018 at Camp Big Heart and can't wait to see each and every one of you.

All items highlighted in yellow are new for the 2018 application, please pay close attention to these new items.

New 2018- online camper application, www.campbigheart.org, camper application tab

Please contact camp at campbigheart@bellsouth.net or at 229-344-3778

Mailing address: PO Box 1519, Albany Ga 31702.

CAMP BIG HEART

2018 CAMPER APPLICATION FORM

SESSION 1: June 17- 22, 2018 (school age)

SESSION 2: June 24- 29, 2018 (adults)

Application must be received by **April 1, 2018.**

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.

Due to health information regulations- there will be NO

applications accepted via email, text or picture!! Please send all the following items. Failure to do so will result in application being rejected.

- _____ Completed application for each session. NEW 2018- online application
- _____ 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 \$425 .

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. .

Specify funding Address: _____
source: _____

Phone number: _____

Contact person: _____

Please make checks payable to Camp Big Heart Civitan

Mail completed application and Health History forms to:

Camp Big Heart
Post Office Box 1519
Albany, GA 31702

If you have questions contact us at campbigheart@bellsouth.net
229 344 3778

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 17-22, 2018 (school age)

SESSION 2: June 24-29, 2018 (adult and higher functioning)

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

_____ Home # _____

_____ Office # _____

_____ Cell# _____

active email address:(all camp confirmations and reminders will be sent to this email address) _____

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

Name _____

Name _____

Relationship _____

Relationship _____

Home # _____ Cell: _____

Home # _____ Cell: _____

Office # _____

Office # _____

CAMPER WILL BE PICKED UP BY THE FOLLOWING:

PH

Camper's Name: _____

PERSONALITY & ACTIVITY PROFILE (Person completing profile _____)

(Please circle the appropriate answer)

I give permission for camper to be assigned to a top bunk in the cabins. YES NO

Does camper make friends easily? YES NO

PLEASE ATTACH

How well does camper swim?

CURRENT PHOTO

WELL WATER PLAY NOT AT ALL

HERE

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

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