United Cerebral Palsy's

CAMP SMILE

There's No Limit To The ADVENTURE

Office Use Only
Date Rec: _____ Conf Sent: _____
Reg. Pd: _____ Paid by: _____

2020 Family Weekend Camp
March 20-22, 2020

Families are to arrive Friday, March 20th @ 6pm.
Camp festivities will end Sunday, March 22nd @ 12noon.

ATTACH A CURRENT PHOTO OF CAMPER HERE

(Only necessary if this is your first time attending Camp SMILE)

2020 FAMILY WEEKEND CAMP APPLICATION

Send application and $75 (if over 5 family members additional $10 per person) registration fee to:

UCP of Mobile/Camp SMILE
3058 Dauphin Square Connector
Mobile, AL 36607

Eligibility Requirements for Family Weekend Camp:

1. Camper with diagnosis must be between the ages of 5 and 15.
2. Families must reside in Baldwin, Clarke, Escambia, Mobile, Washington or Monroe County.
3. Only the camper's immediate family members are eligible to attend with camper.
4. Applications must be received no later than March 1, 2020. Space is limited.
5. A $75 (if over 5 family members additional $10 per person) registration fee must accompany the application. Checks may be made out to UCP of Mobile.

*******************IDENTIFYING INFORMATION PLEASE PRINT OR TYPE**************************

Camper's Last Name	Camper's First Name	Age	Sex	**Date of Birth**	Diagnosis

Mailing Address	City	St	Zip	County

Email Address

Home #	Work #

Cell #	Cell #

List of family members accompanying camper to camp:

Name: _____ Relationship to camper: _____ Age: _____

Name: _____ Relationship to camper: _____ Age: _____

Name: _____ Relationship to camper: _____ Age: _____

Name: _____ Relationship to camper: _____ Age: _____

Name: _____ Relationship to camper: _____ Age: _____

Name: _____ Relationship to camper: _____ Age: _____

*Due to the size of our cabins, if your family size is greater than 4 members you may have to be separated into two cabins or share a cabin with another family.

APPLICATION DEADLINE: Applications must be received by March 1, 2020

Family Information

Please explain any special accommodations your family may need: _____
_____
_____

Family members will have the opportunity to participate in the High Ropes Course and/or zip line. Participants must be 6 years old and 60lbs and the Ropes Course Staff will determine eligibility. Please list members that are interested in participating:
_____
_____

Parents may have the opportunity to receive a free massage. Please list parents that would be interested in receiving a massage while at camp.
_____

Emergency Contact

(Other than family members attending the weekend)

Name: _____ Relationship to camper: _____

Phone: _____ Alternate Phone: _____

Photo & Liability Release

I hereby apply for enrollment of my family in Camp SMILE Family Weekend provided by United Cerebral Palsy of Mobile, Inc. As a condition of such enrollment, I hereby represent to United Cerebral Palsy of Mobile, Inc. on behalf of myself and my family members, my agreement with the general terms and conditions as follows:

_____ (initial) **Understanding of Risks**: I am aware that some camp activities, whether it be swimming, horseback riding, or any other associated activities, involve inherent risks and dangers to the participant, including serious injury or death.

_____ (initial) **Release of Liability**: I release United Cerebral Palsy of Mobile, Inc., property owners, their owners, agents, employees, successors of assigns, lessors and joint ventures from any and all liability, claims, demands, actions, causes of action, expenses and damages in any way resulting from personal injuries, conscious suffering, death or property damage sustained by my family or others arising out of my family's participation in camp activities. I hereby expressly waive all claims that I may have against UNITED CEREBRAL PALSY OF MOBILE INC., PROPERTY AND/OR BUSINESS OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES for each and all the foregoing.

_____ (initial) **Indemnity**: My family will exert every effort to follow the rules and instruction they have received prior to or during camp activities. I hereby agree for my family, myself, my heirs, personal representatives and assigns to indemnify, defend and hold harmless UNITED CEREBRAL PALSY OF MOBILE, INC., PROPERTY AND/OR BUSINESS OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES from and against any and all losses, claims, demands, actions or proceedings of any kind which may be initiated against any of the foregoing by any person and arising out of any action or inaction on my part or the part of United Cerebral Palsy of Mobile, Inc., or its owners, agents, employees, successors or assigns and in any way related to any of the activities described in the preceding paragraph or contemplated under this agreement.

_____ (initial) **Continuation of Terms**: I agree and acknowledge that the terms and conditions of this Agreement, including my assumption of risk (paragraph 1), release of liability (paragraph 2), and indemnity (paragraph 3) shall continue in full force and effect at all times during which my family is engaged as participants at Camp, shall continue in full force and effect for the benefit of UNITED CEREBRAL PALSY OF MOBILE, INC., PROPERTY AND/OR THE BUSINESS LAND OWNERS, PARTNERS, AGENTS, ATTORNEYS, EMPLOYEES, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES at all times after the termination of the activities contemplated by this agreement and shall be binding upon my heirs, personal representatives and the assigns of my estate.

_____ (initial) **Disputes**: This agreement shall be interpreted in accordance with the laws of the State of Alabama. Any dispute shall be litigated in Mobile County Alabama.

_____ (initial) **Media Release**: I further grant permission for my family to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of Camp

I have read and understand all of the terms of this agreement, including the "general terms" above. I induce United Cerebral Palsy of Mobile, Inc. to enroll my family in the Camp SMILE Family Weekend and allow all family members to participate in all camp activities. I agree on behalf of my family and myself to be bound by the general terms of this agreement and not to claim not to be bound by this agreement by reason of my children's minority status or otherwise. I hereby agree to indemnity, defend and hold harmless United Cerebral Palsy of Mobile, Inc., property and/or business owners, partners, agents, attorneys, employees, successors, assigns and/or representatives from and against any and all liability or losses resulting from any suit against United Cerebral Palsy of Mobile, Inc. by the participants or otherwise resulting from a breach of agreement.

_____ _____
Date Parent/Guardian

_____ _____
Date Parent/Guardian

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FAMILY MEDICAL INFORMATION

This form must be completed for EVERY family member (including camper) coming to camp.
Please make copies as necessary.

Name: _____ Birth Date: ____/____/____ Age: _____

Are camper's immunization's up-to-date? ____ Yes ____ No Date of last Tetanus shot: _____/_____/_____

Can Camper take Tylenol: ____Yes ____ No Can Camper take Ibuprofen? ____Yes ____No

Has camper had any major illness or hospitalizations in the last year? ____ Yes ____ No If yes, please describe:

_____

***If camper has been hospitalized within the last 3 months, a doctor's release is required to attend camp.**

List all drug and environmental allergies:

_____

_____

List all food allergies or dietary restrictions: _____

_____

_____

Please list any medical conditions, considerations, and/or limitations: _____

_____

_____

Please list all medications (prescribed and over the counter):

Name of Medication	**Purpose of medication**	**Dosage**	**Times to be Taken**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***The Head Nurse will review all medications and medical needs and determine whether a camper's needs can be accommodated. Participation is contingent upon this review.**

Consent for Medical Treatment

I hereby grant, in the event it is necessary, permission to the health care staff at Camp SMILE or consulting physicians to obtain laboratory tests, x-rays, administer routine and other medications and to provide any emergency or routine care required for _____. This form may be photocopied for use outside of camp.

Signature of participant: _____ Date: _____

Signature of Parent/Guardian of minor: _____ Relationship to participant: _____

Insurance Information

Name of Insurance Company _____

Name of Insured: _____ Medicaid or Medicare # (if applicable)_____

Policy #: _____ Group #: _____#_____

Family Doctor's Name: _____ Doctor's Office #: _____

Hospital Choice: _____

Note: This information is required. If you do not have insurance, a waiver will need to be signed.