

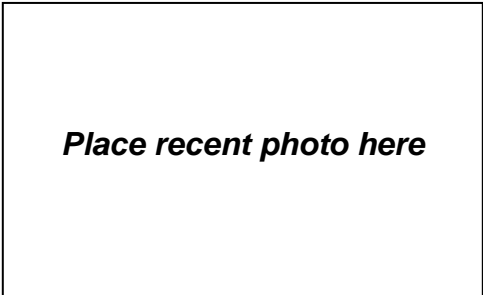
Applicant Name: _____

Muscular Dystrophy Association
2010 SUMMER CAMP VOLUNTEER APPLICATION

Instructions: We appreciate your interest in volunteering for MDA's summer camp program. **PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY.** Please be sure the information provided in the application is correct and complete. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for rejection of your application or your immediate dismissal from camp at MDA's sole discretion. ***VOLUNTEERS WHO ARE CURRENTLY 17 BUT WILL BE 18 AT THE START OF CAMP MUST SIGN THIS APPLICATION ACCORDINGLY.**

Completion of this application does not guarantee you will be offered a volunteer position at MDA Summer Camp. Acceptance is contingent upon evaluation of this application by the MDA Staff Camp Coordinator, MDA medical advisors and other MDA risk-management personnel. All information you provide on this form will be used by MDA's Staff Camp Coordinator to advise appropriate camp staff and volunteers only when deemed necessary. The MDA Staff Camp Coordinator reserves the right to deny admission to camp or dismiss from camp a volunteer whose physical condition, mental condition, behavior, personal conduct, or influence on other camp participants is deemed detrimental to the camp atmosphere. **IF THIS APPLICATION IS NOT COMPLETED, YOU WILL BE REFUSED ADMISSION TO CAMP.**

A recent **color photograph** of the applicant should be included with this application. This photo will assist the camp staff in identifying volunteers for medications and in ensuring the safety and security of all participants. While the photo need **not** be a passport photo, it should be a **recent color** photograph of only the applicant. This photo should be pasted below.



A PRE-CAMP MEDICAL HEALTH EXAMINATION IS REQUIRED FOR ALL VOLUNTEERS (pages 13-14). This section should be completed by the physician who usually and most frequently cares for the volunteer *and should not be a member of the applicant's family*. The volunteer must be evaluated by such physician or medical professional in the twelve months just prior to the camp session or at any time prior to the camp as may be required by MDA.

Note: One parent/legal guardian signature is sufficient on MDA camp applications. In the event of a divorce, the custodial parent should sign the application. If there's joint custody, both parents should sign it. If a legal guardian is responsible for the volunteer, please attach documentation of such.

SECTION ONE * Volunteer Profile**

Complete in black or blue ink only.

Name: _____
(Last) (First) (Middle) (Nickname/other surname if any)

Permanent Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____

Previous Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____

Parents/Legal Guardians (If applicant is under 18): _____

Address during School (If different): _____

Telephone #: () () () ()
(Home) (School) (Work) (Cell/Pager Phone)

Height: _____ Weight: _____ Sex: Male Female

Age: _____ Date of Birth: _____ E-mail Address: _____ Fax #: ()

T-Shirt Size: (A or Y sizing) _____ Languages Spoken: English Spanish Other (Please list): _____

Applicant Name: _____

EDUCATION (Attach additional sheets to provide more information if necessary):

Name of College or High School	City & State	Major Subjects	Year Degree Granted/Expected

EMPLOYMENT EXPERIENCE (List most recent experience first; attach additional sheets to provide more information if necessary):

Name of Employer	Nature of Work	Address & Phone	Supervisor Name & Phone #	Dates of Employment	Reason for Leaving

CAMP EXPERIENCE (Camper, counselor or employee - list most recent experience first; attach additional sheets to provide more information if necessary):

Position	Camp	City & State	Name of Director	Dates

Have you attended MDA Summer Camp before? (CHOOSE ONE) YES NO

If yes, please indicate below each city where you have volunteered for MDA camp, and specify the years at each location (use separate sheet if necessary):

<u>City</u>	<u>State</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous volunteer experience with MDA (other than camp): _____

How did you hear about volunteer opportunities at MDA Camp? _____

Please explain why you want to be a volunteer at MDA Summer Camp: _____

Have you applied to serve as an MDA camp volunteer this year in any other city? (CHOOSE ONE) YES NO

If yes, please list the city(ies): _____

Not including previous involvement with MDA camp, have you had any experience in working with youngsters with disabilities? (CHOOSE ONE) YES NO If yes, please explain (and identify your supervisor) in this capacity, if any: _____

Applicant Name: _____

Please indicate any current certifications or credentials you have that would be helpful in the camp setting (attach documentation verifying credentials/certification). Check all that apply: First Aid: WSI:
 CPR: Lifeguard: Chauffeur License: Boater safety: Other: _____

Please list your interests and hobbies (including athletics, fine arts and nature activities): _____

Volunteers who are less than 18 years old as of the beginning of the MDA Summer Camp session must have **WRITTEN Parental Consent** to attend Camp. **If you will not yet be 18 years of age when camp begins,** please ask your parent(s) to complete the following and sign each of the statements in this section as well as each subsection of Section 3. (**NOTE:** Volunteer applicants over 18 years of age should now skip to "Volunteer References and Criminal Background Checks" on pages 4-5.)

Parent/Legal Guardian Information (Please specify if mother/father/legal guardian):

	Mother or Legal Guardian* (CHOOSE ONE)	Father or Legal Guardian* (CHOOSE ONE)
Name		
Street Address		
City, State, Zip Code		
Home Phone #	()	()
Employer		
Position		
Work Phone #	()	()
Cell/Page #	()	()
Fax #	()	()

* If legal guardian, please provide documentation to establish the basis of your guardianship.

Marital Status of Parents: Married Separated Divorced Single

My child has my (our) permission to attend as a volunteer and participate in the Muscular Dystrophy Association ("MDA") Summer Camp. I (we) assert that I am (we are) the parent(s)/legal guardian(s) of the above-named applicant and that I (we) have full authority to enroll him/her in the MDA Summer Camp Program, to authorize his/her participation in activities, medical care and to enter into a contract concerning him/her. If legally mandated, I (we) have advised the volunteer's other parent/legal guardians of the volunteer's enrollment and he/she has concurred in this enrollment. I (we) recognize that MDA relies upon the representations in this application in considering this volunteer's enrollment in camp and I (we) assume full responsibility for any errors or omissions in the information I (we) have provided in this application.

Custodial parent/legal guardian must sign:

Print Parent/Legal Guardian's Full Name	Print Parent/Legal Guardian's Full Name
Relationship to Applicant	Relationship to Applicant
Parent/Legal Guardian's Signature	Parent/Legal Guardian's Signature
Date	Date

Applicant Name: _____

VOLUNTEER REFERENCES AND CRIMINAL BACKGROUND CHECKS

Every volunteer applicant (new **and** returning) is required to provide at least three character references from **NON-FAMILY** members who have first-hand knowledge of the applicant's character, skills and abilities (e.g. employers, teachers, guidance counselors, youth group advisors, etc.). MDA staff or former MDA camp leadership may not be used as references. All references must be at least 18 years of age. MDA **will** contact references so please be sure the persons named agree to serve as references.

REFERENCES:

If you are currently a full-time student, include a teacher/professor or (whenever possible) a current/former employer.

1. Name: _____ Title/Relationship: _____
Address: _____ Phone: () _____
(Street)

(City) (State) (Zip) E-mail: _____
Fax: () _____

2. Name: _____ Title/Relationship: _____
Address: _____ Phone: () _____
(Street)

(City) (State) (Zip) E-mail: _____
Fax: () _____

3. Name: _____ Title/Relationship: _____
Address: _____ Phone: () _____
(Street)

(City) (State) (Zip) E-mail: _____
Fax: () _____

CRIMINAL BACKGROUND CHECKS:

Have you ever been arrested, charged or convicted of a felony, misdemeanor, or traffic violation? YES NO
(CHOOSE ONE)

Have you ever been arrested, charged or convicted of driving while under the influence of illegal drugs or alcohol?
YES NO (CHOOSE ONE)

If yes to any of the above questions, please explain and give dates of the occurrence and disposition of the criminal charges. (A "yes" answer will not automatically exclude you from consideration.): _____

Do you consent to and authorize MDA to conduct a criminal background (CBC) investigation? YES NO
(CHOOSE ONE)

Social Security # (required): _____ Date of Birth: _____
Driver's license # (if applicable): _____ Expiration Date: _____
Maiden or other surnames (if applicable): _____
Other than by marriage, has your first or last name changed? If so, please list all previous names: _____

1.) Have you ever been arrested, charged or convicted of any crime relating in any manner to children and/or your conduct with them? YES NO (CHOOSE ONE) If yes, please explain (Use a separate sheet if necessary):

Applicant Name: _____

2.) Have you ever been arrested, charged or convicted of any crime including, but not limited to, the following? *Alcohol related/ assault and battery/ kidnapping/ distribution and trafficking of narcotics or other controlled substances/crimes of indecency/ sexual related crimes/ guns or weapons crimes.* YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

3.) Have you ever been adjudicated liable for civil penalties or damages involving sexual or physical abuse or been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

4.) (If applicable) Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children or for any other reason? YES NO (CHOOSE ONE)

If yes, please explain (Use a separate sheet if necessary.): _____

I understand that:

- a. MDA may deny volunteer opportunities to any applicant who answers any of the questions numbered 1-4 above in the affirmative or who answers any question falsely.
- b. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. MDA may deny volunteer service of any applicant for any reason in the best interests of the children at MDA's sole discretion.
- d. This disclosure statement is subject to review by all MDA staff with a need to know.
- e. I may be questioned further by MDA staff or other personnel associated with camp on any answer I provide at MDA's sole discretion.

Signature of Applicant (if 17 or older) _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____
(If applicant is under 18 when CBC is completed)

Signature of Parent/Legal Guardian _____ Date _____
(If applicant is under 18 when CBC is completed)

SECTION TWO * Volunteer Health/Medical Information**

The health and well-being of campers and volunteers are supervised by the camp medical staff. Please complete **all** requested information in the following sections. Please include any additional health concerns you may have that are not specifically requested in the spaces provided. To the extent any information is designated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA), MDA agrees to abide by all applicable laws.

Name of applicant's primary care physician: _____

Address: _____ Phone #: () _____

MEDICAL INSURANCE COVERAGE

Insurance Carrier: _____

Carrier's Address: _____

Policy Holder's Name: _____

Policy/Group Number: _____

***Attach photocopy of
FRONT & BACK of
insurance card***

Applicant Name: _____

1. Please list any **MEDICATION ALLERGIES** volunteer has experienced: _____

2. Please list any **FOOD ALLERGIES** volunteer has experienced: _____

3. ***OTHER ALLERGIES (e.g. sun, latex, plants, etc.)**** _____

**Since some campers may be accompanied by service animals, please indicate applicant's typical reaction to and severity of any animal allergies so that appropriate accommodations can be made.

Do you have a history of any of the following illnesses or conditions; or are you receiving medications for such illnesses or conditions?

Anxiety/Depression	YES	NO	Hepatitis/Hepatitis Exposure	YES	NO
Asthma	YES	NO	Homesickness	YES	NO
Back/Neck Pain	YES	NO	Indigestion	YES	NO
Bee Sting Reactions*	YES	NO	Panic Attacks	YES	NO
Bladder Control Problems	YES	NO	Peanut/Nut Allergy*	YES	NO
Constipation	YES	NO	Pet Allergy*	YES	NO
Diabetes	YES	NO	Pneumonia	YES	NO
Diarrhea	YES	NO	Seizures/Convulsions	YES	NO
Ear Infections	YES	NO	Severe Menstrual Cramps	YES	NO
Eating Disorder	YES	NO	Shortness of Breath	YES	NO
Emotional Problems/Self Injurious Behavior	YES	NO	Sinusitis	YES	NO
Frequent Colds	YES	NO	"Swimmer's" Ear	YES	NO
Hayfever	YES	NO	Urinary Tract Infections	YES	NO
Headaches	YES	NO	Wheezing	YES	NO
Heart Conditions/Problems	YES	NO			

*If you indicated any allergies above, will you be bringing an EpiPen to camp with you?
(CHOOSE ONE) YES NO

If you answered "yes" to any of the questions on this page, please explain in detail: _____

Are you currently being seen (or been seen in the last 3 years) by a physician, psychiatrist, psychologist, therapist or any other related specialist for any acute or chronic condition? (CHOOSE ONE) YES NO

If yes, list diagnosis and treatment plan: _____

If you responded "yes" to the previous question, may MDA contact this person if the MDA Staff Camp Coordinator or medical staff feels it is necessary and in your best interest or in the best interest of the camp community? (CHOOSE ONE) YES NO

Name of Contact: _____ Phone: (_____) _____

Relationship to applicant (i.e. physician, psychiatrist, etc.): _____

Cell/pager: (_____) _____ E-mail: _____

Do you have any medical, mental or emotional conditions which may affect your (your child's) ability to perform any of the essential functions of an MDA camp volunteer? (CHOOSE ONE) YES NO

If yes, explain: _____

Are you (your child) physically able to lift and care for a camper? (CHOOSE ONE) YES NO

List any recent operations or serious injuries and the dates they occurred: _____

Any upcoming surgeries or new medical equipment on order that you (your child) will receive prior to camp? If yes, list nature of surgery, proposed date and new medical equipment (if applicable): _____

Please provide any medical information that is pertinent to your application and which the medical staff should be aware of: (e.g. special diet, pregnancy, motion sickness, recent surgeries, serious injuries, depression, suicide threats or attempts, eating disorder, anxiety disorder, etc). _____

Applicant Name: _____

Have you (your child) been exposed to a communicable disease (e.g. head lice, strep throat, mononucleosis, etc.) in the last six (6) months? (CHOOSE ONE) YES NO If yes, please describe: _____

IMPORTANT: YOU ARE REQUIRED TO NOTIFY THE MDA OFFICE IF YOU HAVE (YOUR CHILD HAS) BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION.

Camp regulations require that ALL medications be administered by the camp medical staff. **All** prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills", anxiety disorder medications) and **all** non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultations with the health staff. **PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK CAMP STAY PLUS 2 ADDITIONAL DAYS. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACY LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.**

Please complete the listing below with all medications, including non-prescription medications such as dietary supplements, you are (your child is) taking, and the schedule by which they are given. (Attach a separate sheet detailing all other medications if additional writing space is required.)

Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given

I hereby give permission for the camp medical staff to administer to me (my child) the following (or similar brand of) over-the-counter medications if deemed necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | | | |
|-------------------------------|----------------------------|-----------------------|----------------|
| Headache | Acetaminophen or Ibuprofen | Diarrhea..... | Imodium AD |
| Upset Stomach | Pepto Bismol | Menstrual Cramps..... | Ibuprofen |
| Poison Ivy | Hydrocortisone cream | Constipation..... | Dulcolax/Fleet |
| Allergy/Congestion/Cold | Benadryl/Sudafed | | Enema/Miralax |

Signature of Applicant (if 17 or older)	Date	Signature of Parent/Legal Guardian (If applicant is under 18)	Date
		Signature of Parent/Legal Guardian (If applicant is under 18)	Date

While we encourage volunteers to continue all medications during the summer camp session, please list all medications you (your child) are currently taking, but have chosen in consultation with your treating physician **not** to use during the camp session.

Medication Name	Dose	Reason for Medication	Time Doses Are Given
Medication Name	Dose	Reason for Medication	Time Doses Are Given

Additional health information: _____

SECTION THREE * Legal Releases—Guidelines and Agreements
PLEASE COMPLETE AND SIGN ALL PARTS OF EACH SUB-SECTION**

MEDICAL CONSENT AND EMERGENCY CONTACTS

MEDICAL CONSENT

The health history contained in this application is correct so far as I (we) know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me (us) and/or an examining physician. I certify to the best of my knowledge, I (my child) does not have any contagious or communicable disease or condition. I (we) also understand that MDA and the camp are not responsible for illness due to previous injuries, poor health conditions or illness incidental to attending camp.

Applicant Name: _____

If there should be an emergency while I (my child) am (is) at the MDA Summer Camp or going to and from camp, I (we) authorize treatment by the MDA Summer Camp medical staff. The MDA Summer Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I (we) also authorize routine treatment by the MDA Summer Camp medical staff during the week of camp. I (we) authorize the MDA Staff Camp Coordinator or medical staff of the camp to select and designate emergency medical personnel, nurses, physicians, and/or surgeons to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I (we) further absolve MDA, the camp and camp volunteers, staff and participants from any and all liability for their reasonable acts done in good faith.

Signature of Applicant (if 17 or older) _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____
(If applicant is under 18)

Signature of Parent/Legal Guardian _____ Date _____
(If applicant is under 18)

ATTENTION PARENTS OR LEGAL GUARDIANS:

Please list your emergency/vacation telephone number(s) and destination(s) if you will be away or traveling while camp is in session. Upon arrival at camp, please update the camp staff of any changes in your travel plans. Attach any itineraries (if possible).

Destination/Travel Schedule: _____

Departure Date: _____ Expected Return Date: _____

Phone #(s) () () ()

Address(es): _____

License Plate Number: _____

Cell Phone #: () Pager #: ()

EMERGENCY CONTACTS

In the event of a serious medical problem, the medical staff or the MDA Camp Staff Coordinator will contact parents or persons listed below to advise them of the volunteer's condition, treatment or need for continued medical attention. **For volunteers under age, we will make every effort to contact the parents first.**

These individuals have been advised and have agreed to serve as emergency contacts:

In case of emergency, and parent/legal guardian is unavailable, please call primary emergency contact first:

Secondary non-parent/legal guardian emergency contact:

Name of Primary Contact

Name of Secondary Contact

Relationship to Applicant

Relationship to Applicant

City () ()

City () ()

Phone # - day Phone # - evening ()

Phone # - day Phone # - evening ()

Cell/Pager #

Cell/Pager #

Signature of Applicant (if 17 or older) Date

Signature of Parent/Legal Guardian (If applicant is under 18) Date

Signature of Parent/Legal Guardian (If applicant is under 18) Date

For parents or legal guardians of volunteers who are under 18 years old, can the individual(s) listed above also act on your behalf to make decisions regarding activities or other services provided to your child while at camp? (CHOOSE ONE) YES NO

Signature of Parent/Legal Guardian (If volunteer is under 18)

Date

Signature of Parent/Legal Guardian (If volunteer is under 18)

Date

Applicant Name: _____

HOME TRANSPORTATION AND RELEASE INFORMATION

Some state laws require the parents/legal guardians of volunteers who are less than 18 years old to specify to whom their child may be released to at the conclusion of camp or sooner if necessary (e.g., grandparents, neighbor, someone with whom the volunteer is sharing the ride home, driving his/herself, etc.).

If a volunteer (under age 18) is not picked up at the designated time on the last day of camp by a parent/guardian, I (we) understand that a designated alternate will be phoned. If necessary, in the event of extreme delays, **local child protection authorities** will be contacted for assistance in placing the minor(s) in safe custody until the parents/legal guardians are located. Please complete and sign the statement below.

AT THE CONCLUSION OF CAMP (OR SOONER IF NECESSARY) THE CAMP STAFF MAY RELEASE MY CHILD TO MYSELF AND/OR:

Name Home Phone #

Relationship to Applicant

Name Home Phone #

Relationship to Applicant

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Cell/Pager # Work #

Date

Cell/Pager # Work #

Date

Please Print Parent/Legal Guardian Name

Please Print Parent/Legal Guardian Name

PHOTO CONSENT AGREEMENT AND ROSTER RELEASE

PHOTO CONSENT

MDA regularly photographs and films Summer Camp for fundraising and publicity purposes. The following consent form allows MDA to use your (your child's) photograph or film for these purposes.

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting me (my child who is under 18) to attend MDA summer camp, I hereby give my consent to MDA, its officers, directors, employees, agents, chapters, assignees, licensees, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my (my child's) name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me (my child) and my (our) real and/or personal property in any medium for use in camp yearbook, editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of MDA.

This consent shall be binding upon me (my child), my (my child's) heirs, executors, administrator, assigns, and all legal guardians (of my child).

Signature of Applicant (if 17 or older)

Date

Signature of Parent or Legal Guardian (If applicant is under 18)

Date

Signature of Parent or Legal Guardian (If applicant is under 18)

Date

ROSTER RELEASE

I hereby give my consent for my (my child's) name, address, phone number and e-mail address to be included in the MDA Summer Camp Roster.

Signature of Applicant (if 17 or older)

Date

Signature of Parent or Legal Guardian (If applicant is under 18)

Date

Signature of Parent or Legal Guardian (If applicant is under 18)

Date

Applicant Name: _____

RELEASE

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting me (my child who is under 18) to attend MDA Summer Camp, I hereby, and for my (and my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I (and my child) may have against MDA, its directors, officers, employees, counselors, volunteers, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I (or my child) may suffer while taking part in MDA Summer Camp or any activities connected with the MDA Summer Camp. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.** I further understand that I (and my child) assume all risks in participating in MDA Summer Camp. I further recognize that MDA and the camp cannot be held responsible for personal injury, death, and loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. In addition, I understand that some camp counselors or volunteers may be under age eighteen. I also acknowledge that any activity in which I (my child) may choose to participate with MDA campers or volunteers after the close of camp session is at my (my child's) own risk.

This release shall be binding upon me (my child), my (my child's) heirs, executors, administrators, assigns (and all legal guardians of my child).

I (we) acknowledge that MDA's Camp program typically may include but is not limited to the following activities:

Archery Boating Horseback Riding Motorcycle sidecar or 3-wheel cycle rides Swimming

In addition, the following special activities may be included in the camp program and I am (we are) accepting responsibility as stated above for my child to participate:

Canoeing Children's Rides Fishing Water Gun Fight Hay/Wagon/Train Rides

_____	_____
Print Name of Applicant	Print Name of Parent/Legal Guardian
_____	_____
Signature of Applicant (if 17 or older)	Signature of Parent/Legal Guardian (If applicant is under 18)
_____	_____
Date	Date

	Print Name of Parent/Legal Guardian

	Signature of Parent/Legal Guardian (If applicant is under 18)

	Date

MDA Summer Camp Policies

Please read the following MDA Summer Camp Practices and Policies Agreement carefully and thoughtfully, then sign the statement of compliance that follows. If participant is under the age of 18, parents should discuss the following policies with their child and have him/her sign where indicated below.

RESPECT: Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a responsibility to respect the camp leadership, as well as the health and well-being of the MDA camp community. Personal information about campers received during orientation or the camp session must be held in strictest confidence. Each camp participant is expected to be a considerate cabin mate and be respectful to people and their belongings. Profanity is not allowed and hazing and initiations are not permitted.

MEDICAL SERVICES: Every camp participant must turn in a completed medical status form prior to camp. The camp will provide medical care to anyone who becomes ill or injured during the camp session. All treatment and/or health care will be administered by authorized and licensed medical team members. Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

(Continued from previous page)

CELL PHONES: Cell phones are not allowed at MDA Summer Camp. Any cell phones brought to camp will be collected by the MDA staff camp coordinator. MDA is not liable for any damage to cell phones brought to camp.

DRESS CODE: Women should wear one piece bathing suits only. Please do not wear "short shorts," low cut tanks, or shirts with inappropriate slogans. Shirts promoting liquor or with sexual references are not appropriate at camp. Please wear closed toe shoes at all times. No flip-flops.

MORAL BEHAVIOR: Everyone at camp is expected to behave in a morally upstanding way. Public displays of affection between campers and/or volunteers is not tolerated. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day. All campers and volunteers are expected to return to and remain in their sleeping quarters with lights out by the curfew established by MDA's Camp Director. These curfews will be strictly enforced and breaking curfew will result in the camp participant's immediate dismissal from camp.

CAMPGROUNDS: MDA leases facilities to host local summer camp sessions. The camp's facilities and equipment should be treated with the utmost care and respect. All camp participants should take care not to damage or destroy any camp property and to be considerate of all wildlife on the campgrounds.

ACTIVITY SCHEDULE: Camp participants are expected to take part in the daily camp program by following the camp schedule and attending activities.

TIME OFF: Each volunteer is entitled to a daily break as scheduled by the MDA Staff Camp Coordinator. Camp participants may not leave the campgrounds without written approval from the MDA Staff Camp Coordinator.

BUDDY SYSTEM: All campers must be accompanied by at least 2 volunteers at all times. Always practice the "rule of three" during the camp week.

VISITORS: Visitor's Day is primarily for MDA sponsors and key volunteers. For the safety of the camp community, no other visiting is permitted.

VALUABLES AND CASH: Everyone is urged not to bring valued clothing, accessories, computer or camera equipment. MDA and the camp are not responsible for loss or damage to personal property. For individuals who drive themselves to the campsite, you are required to turn your keys over to the MDA Staff Camp Coordinator for safe keeping until departure day.

SMOKING: All participants must abide by the smoking policies established by the MDA staff camp coordinator and camp facility.

ALCOHOL, DRUGS AND WEAPONS ARE FORBIDDEN: The possession or use of alcoholic beverages and the possession or use of illegal drugs are strictly forbidden and will be grounds for immediate dismissal from camp. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well. The weapon will be confiscated and the participant will be dismissed from camp.

In order to attend the MDA Summer Camp, I (my son or daughter) will adhere to the rules set forth here and those established before and during the camp session:

1. I (my child) will respect the camp leadership and the entire camp community.
2. I (my child) understand(s) that the paramount interest at MDA Summer Camp is the safety and best interests of the campers and that my (my child's) main objective is to help provide a positive and safe experience for those youngsters in attendance.
3. I (my child) will serve as counselor/program staff/or general volunteer for the MDA Summer Camp in a professional and courteous manner.

Applicant Name: _____
(Continued on next page - signature required...)

(Continued from previous page)

I (my child has) have read the Practices and Policies and agree to abide by the policies detailed in this contract, as well as those established by the MDA Staff Camp Coordinator and his/her designated camp assistants. I am (we are) fully aware that adhering to the above and any camp facility rules will be my (my child's) sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I (we) will have to make arrangements for transportation at my (our) sole expense. If I am (my child is) under 18, I (we) understand that my parents (we) will be notified of the above action.

I have read the practices and agree to abide by the MDA Summer Camp Policies detailed in this contract, as well as those established by the MDA Staff Camp Coordinator and his/her designated camp assistants.

Signature of Applicant (**ALL applicants must sign here**)

Date

I have read (and reviewed with my child – if minor) and agree to abide by the MDA Summer Camp Policies detailed in this contract, as well as those established by the MDA Staff Camp Coordinator and his/her designated camp assistants.

Signature of Parent/Legal Guardian (*If applicant is under 18*)

Date

Signature of Parent/Legal Guardian (*If applicant is under 18*)

Date

Applicant Name: _____

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MEDICAL STATUS: TO BE COMPLETED BY PHYSICIAN

(Physician/Health Professional should not be a member of applicant's family)

This section is to be completed by the volunteer's primary care physician, or other primary medical professional and is used to determine if the volunteer is eligible to attend MDA's summer camp program. This evaluation must take place in the twelve months prior to the camp session.

Volunteer's Name: _____ Age: _____

Vital Signs: Height: _____ Weight: _____ Pulse: _____
Resp. Rate (resting): _____ Blood Pressure (Resting, Sitting): _____

General Inspection: _____

STATUS, ESSENTIAL FINDINGS, DEVIATING FROM NORMAL

Head.....	.....
Eyes/Vision.....	.....
Nose.....	.....
Mouth/Teeth.....	.....
Ears/Hearing.....	.....
Neck/Thyroid.....	.....
Thorax/Lungs.....	.....
Heart.....	.....
Abdomen/Hernia.....	.....
Skin.....	.....
Lymphatics.....	.....
Spine.....	.....
Extremities.....	.....
Emotional Status.....	.....

NOTE TO HEALTH PROVIDER:

1. The above named person wishes to participate as a volunteer at the Muscular Dystrophy Association Summer Camp. Participation involves group living in an outdoor setting, a high level of physical activity, hiking, swimming, possible exposure to high altitude and extreme climate conditions and attending to the needs of individuals with serious and often life-threatening neuromuscular diseases. **In your medical opinion, is MDA camp an appropriate environment for this individual?** (CHOOSE ONE) YES NO
2. I have examined the person herein described and have reviewed his/her health history. **Is it your opinion that the applicant is medically and physically able to participate as a volunteer at the MDA Summer Camp, which includes a high level of physical activity -- including lifting and caring for individuals affected by a neuromuscular disorder?** (CHOOSE ONE) YES NO

If no, please explain: _____

A PHYSICIAN/HEALTH PROFESSIONAL MUST SIGN IN THE SPACE PROVIDED BELOW:
*Physician/Health Professional should not be a member of participant's family.



Physician/Medical Professional's Name
(Please Print)

Address

Physician/Medical Professional's Signature

City

Date

() _____
Phone #

(Continued from previous page)

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MEDICAL STATUS

Can be completed by Applicant (if 17 or over)/parent/legal guardian or medical professional

Immunization Status:

An up-to-date immunization status is required to attend camp. Please list the dates of the most recent immunizations given to volunteer and attach a copy of immunization record.

Mumps..... _____ German Measles (Rubella)..... _____
Td (Tetanus)..... _____ TOPV or OPV or Salk (Polio)... _____
Measles (Rubeola) _____

Have you (your child) been vaccinated for H1N1? (CHOOSE ONE) YES NO If yes, date: _____
If no, have you (your child) had H1N1? (CHOOSE ONE) YES NO **OR** UNKNOWN
If yes, date of illness: _____

Immunization Documentation: (CHOOSE ONE)

- Copy of current official documented immunization record attached
- Religious Beliefs exemption form (if applicable by state law) signed by parent/guardian attached
- Medical exemption form signed by a physician and parent/guardian attached
- Signed Laboratory Proof of Immunity form attached

Signature of Applicant (if 17 or over)/ Parent/Legal Guardian or Medical Professional Date