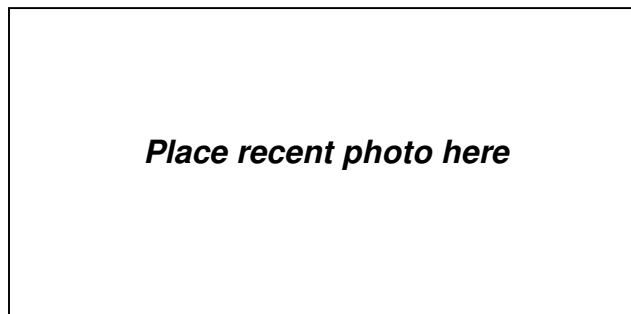


Applicant Name: \_\_\_\_\_

**Muscular Dystrophy Association**  
**2011 SUMMER CAMP CAMPER APPLICATION**

**Instructions:** Please complete the requested information in each section carefully and completely. All information you provide on this form will remain strictly confidential, and is used by MDA's Camp Director to alert appropriate camp staff and volunteers only when deemed necessary. **PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY.** Be sure the information provided in the application is correct and complete. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of admission to camp. Completion of this application does not guarantee a space for your child at MDA Summer Camp. Camp is generally available on a first-come, first-served basis. Acceptance to camp is contingent upon evaluation of this application by MDA's Camp Director and MDA medical advisors.

A recent **color photograph** of the applicant should be included with this form. This photo will assist camp staff in identifying campers for medications, in providing for night care without having to awaken campers, and ensuring the security of all participants. While the photo need **not** be a special passport photo, it should be a **recent color** photo of only your child. This photo should be pasted below.



**A PRE-CAMP MEDICAL HEALTH EXAMINATION IS REQUIRED FOR ALL CAMPERS.** This section should be completed by the physician who usually and most frequently cares for your child *and should not be a member of the applicant's family*. MDA reserves the right to require a pre-camp check up from an MDA clinic physician. Your child must be evaluated by the physician within three months prior to the camp session or at any time prior to camp as may be required by MDA. A camper health examination form is included (pages 12 - 13) with this application. It may be returned separately. **IF THIS HEALTH FORM IS NOT COMPLETED AND RETURNED TO MDA AT LEAST TWO WEEKS BEFORE THE START OF THE CAMP SESSION, YOUR CHILD WILL BE REFUSED ADMISSION TO CAMP.** MDA reserves the right to deny admission to camp or dismiss from camp anyone whose medical condition, mental condition, behavior, personal conduct, or influence on other camp participants is deemed detrimental to the camp community.

**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 camper, please attach documentation of such.**

**SECTION ONE \*\*\* Camper Profile**

**Complete in black or blue ink only.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

What type of neuromuscular disease does your child have? \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Home Phone #: ( ) \_\_\_\_\_ Cell (or Alternative) Phone #: ( ) \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Camper E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade Just Completed \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ T-shirt Size: (A or Y sizing) \_\_\_\_\_

Languages Spoken: English  Spanish  Other  (Please list): \_\_\_\_\_

**Parents/Legal Guardians**, your child's welfare is important to the camp staff. We need your help to create the best opportunity for your child's camp experience to be a success. Please respond to the following questions with any information you feel would be helpful.

Has your child attended MDA Summer Camp before? (CHOOSE ONE) YES NO

If yes, what was his/her counselor's name: \_\_\_\_\_

Did he/she enjoy the counselor's company? (CHOOSE ONE) YES NO

Please explain: \_\_\_\_\_

What three activities does your child most like to do while at camp?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What are your child's three favorite hobbies or interests?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What are your child's eating habits? (CHOOSE ONE) GOOD FAIR POOR

Please explain: \_\_\_\_\_

Please list foods/snacks your child likes: \_\_\_\_\_

Please list foods/snacks your child dislikes: \_\_\_\_\_

Does your child choke easily or have problems swallowing? \_\_\_\_\_

What foods/snacks would you prefer not be offered to your child? \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Does your child generally sleep well? YES NO (CHOOSE ONE)

Is there a bedtime routine we can help with to make your child more comfortable? \_\_\_\_\_

Does your child have any strong fears (e.g. darkness, water, dogs, thunder, bugs, horses, etc.) we should be aware of? \_\_\_\_\_

Is your child comfortable making new friends? \_\_\_\_\_

Has your child experienced a significant life event or are there any special situations we should know about that affect his/her life? If yes, briefly describe and indicate attitude/reaction of your child: \_\_\_\_\_

How might your child act if he/she is frustrated, upset, homesick? \_\_\_\_\_

Is there a special way that you prefer our staff handle these concerns with your child if they occur? \_\_\_\_\_

Does your child have any behavioral challenges at school or home (e.g. biting, cursing, hitting, attention deficit disorder, etc.)? (CHOOSE ONE) YES NO If yes, please explain: \_\_\_\_\_

Has your child ever received psychological or psychiatric counseling or treatment? (CHOOSE ONE) YES NO

If yes, please provide dates and explain diagnosis and treatment: \_\_\_\_\_

If you responded "yes" to the previous questions, may MDA contact the treating physician/healthcare professional if the MDA Camp Director or medical staff feels it is necessary and in your child's best interest or in the best interests of the camp community? (CHOOSE ONE) YES NO

Name of Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Relationship to your child (i.e. physician, psychiatrist, etc.) \_\_\_\_\_

Have there been any major life changes within the last year? (CHOOSE ONE) YES NO

If yes, please provide details: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Is there anything else that we should know about your child that might help in making his/her stay at camp more pleasant? \_\_\_\_\_

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

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

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

Marital Status of Parents:  Married  Separated  Divorced  Single

I assert that I am (we are) the parent(s)/legal guardian(s) of the above-named child 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 child's other parent/legal guardian(s) of the child's enrollment and he/she has concurred with this enrollment. I (we) recognize that MDA relies upon the representations in this application in considering this child's enrollment in camp. **Custodial parent/legal guardian must sign.**

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

**SECTION TWO \*\*\* Camper Health/Medication Information**

The health and well-being of campers and volunteers are supervised by the camp medical staff. Please complete all requested information in the sections below. Please include any additional health concerns you may have that are not specifically requested in the space at the end of this section. 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 your child's family physician/pediatrician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Name of your child's MDA clinic physician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**MEDICAL INSURANCE COVERAGE**

***Attach photocopy of  
FRONT of  
insurance card***

***Attach photocopy of  
BACK of  
insurance card***

Applicant Name: \_\_\_\_\_

**Immunization Status**

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

DPT series (campers under age 10) \_\_\_\_\_ Mumps..... \_\_\_\_\_  
 Td (Tetanus...campers over age 14) \_\_\_\_\_ German Measles (Rubella)..... \_\_\_\_\_  
 Measles (Rubeola) ..... \_\_\_\_\_ TOPV or OPV or Salk (Polio)... \_\_\_\_\_  
 Flu/H1N1..... \_\_\_\_\_

Has the child had H1N1? (CHOOSE ONE) YES NO **OR** UNKNOWN

**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

1. Please list any **MEDICATION ALLERGIES** your child has experienced: \_\_\_\_\_

2. Please list any **FOOD ALLERGIES** your child has experienced: \_\_\_\_\_

3. **\*OTHER ALLERGIES (e.g. sun, latex, animals, 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.

**Is your child prone to any of the following illnesses or conditions?**

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

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

Use the space provided below to explain any "YES" answers (e.g. date of last event, was hospitalization necessary, treatment received, etc.) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Bowel and bladder habits - How frequently does your child go to the bathroom? \_\_\_\_\_

Does your child have any history of heart problems (including arrhythmia(s), abnormal blood pressure, etc.)?  
(CHOOSE ONE) YES NO If yes, please specify: \_\_\_\_\_

Is there any other physical, medical or emotional information that 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.)? \_\_\_\_\_

Are upcoming surgeries or new medical equipment on order that your child will receive prior to camp? If yes, list nature of surgery, proposed date and/or new medical equipment (if applicable). \_\_\_\_\_

Has 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 YOUR CHILD HAS BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION.**

**For Female Campers Only**

Has she menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
If yes, is her menstrual history normal? \_\_\_\_\_ Special concerns or problems (e.g. severe cramps, etc.) \_\_\_\_\_

Is your child currently pregnant? (CHOOSE ONE) YES NO

**MEDICATIONS**

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," etc.) and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids, etc.) must be turned in to the medical staff when your child arrives at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultation with the medical staff. **PLEASE BRING ENOUGH OF YOUR CHILD'S MEDICATIONS FOR THE FULL WEEK CAMP STAY PLUS TWO (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, to be taken by your child, 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

While we encourage campers to continue all medications during the summer camp session, please list all medications currently being taken by your child that you've chosen, in consultation with your child's treating physician, **not** to provide during the camp session.

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

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Applicant Name: \_\_\_\_\_ Reason for Medication \_\_\_\_\_ Time Doses Are Given \_\_\_\_\_

I hereby give permission for the camp medical staff to administer to 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

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Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL NEEDS**

**DOES YOUR CHILD REQUIRE:**

- Assistance with verbal communication.... YES NO Details \_\_\_\_\_
- Assistance with stairs (if mobile) ..... YES NO Details \_\_\_\_\_
- Assistance to stand (if mobile) ..... YES NO Details \_\_\_\_\_
- Assistance to transfer..... YES NO Details \_\_\_\_\_
- Assistance with dressing ..... YES NO Details \_\_\_\_\_
- Assistance with toileting ..... YES NO Details \_\_\_\_\_
- Assistance with bathing..... YES NO Details \_\_\_\_\_
- Assistance with eating..... YES NO Details \_\_\_\_\_
- Special positioning in bed ..... YES NO Details \_\_\_\_\_
- Turning in bed at night ..... YES NO Details \_\_\_\_\_
- Use of hospital bed ..... YES NO Details \_\_\_\_\_
- Head of bed elevated..... YES NO Details \_\_\_\_\_
- Urinal at bedside ..... YES NO Details \_\_\_\_\_
- Night Splints..... YES NO Details \_\_\_\_\_
- Leg braces ..... YES NO Details \_\_\_\_\_
- Body corset..... YES NO Details \_\_\_\_\_
- Feeding tube ..... YES NO Details \_\_\_\_\_
- Use of hydraulic lift..... YES NO Details \_\_\_\_\_
- Bringing a service animal to camp..... YES NO Details \_\_\_\_\_

**RESPIRATORY NEEDS**

**DOES YOUR CHILD REQUIRE:**

- Bi-pap..... YES NO Details \_\_\_\_\_
- C-pap ..... YES NO Details \_\_\_\_\_
- Cough assist ..... YES NO Details \_\_\_\_\_
- Inhaler ..... YES NO Details \_\_\_\_\_
- Mechanical ventilator/trach..... YES NO Details \_\_\_\_\_
- Nebulizer ..... YES NO Details \_\_\_\_\_
- Respiratory equipment/therapy..... YES NO Details \_\_\_\_\_
- The Vest..... YES NO Details \_\_\_\_\_
- Oxygen..... YES NO Details \_\_\_\_\_
- Suction machine..... YES NO Details \_\_\_\_\_

Please detail the schedule for when each piece of equipment should be used: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Other equipment/aids used by your child at home: \_\_\_\_\_

### OTHER EQUIPMENT/AIDS USED BY YOUR CHILD AT HOME

Will your child require physical therapy at camp? (CHOOSE ONE) YES NO

Please detail your child's current home physical therapy program. Be sure to include the length of time each day and number of times each week the routine is performed. (Attach a list of exercises -- what type, how many and how often -- on separate sheet with instructions if necessary.) \_\_\_\_\_

Is your child ambulatory (able to walk)? \_\_\_\_\_

Does he/she ever use a wheelchair or walker? \_\_\_\_\_

Please check which type(s) of wheelchair will be brought to camp.  Manual  Power  Scooter  
 N/A

Please describe the type of braces that your child wears and the schedule by which they are worn. \_\_\_\_\_

Please list reasons why braces would be removed during usual "wearing" time should your child request such: \_\_\_\_\_

Is there any further information that may be helpful in better understanding your child and his/her needs at camp? \_\_\_\_\_

What "aches and pains" are "normal" for your child and how should they be treated? \_\_\_\_\_

Other assistance required and/or additional health concerns: \_\_\_\_\_

### **IMPORTANT:**

- ◆ IF YOUR CHILD REQUIRES EXTRA PILLOWS OR FOAM WEDGES FOR POSITIONING, PLEASE BRING ITEMS TO CAMP AS THEY WILL NOT BE AVAILABLE AT THE CAMP FACILITY.
- ◆ ALL WHEELCHAIRS AND SCOOTERS **MUST** HAVE A SEATBELT. SEATBELT USE IS STRICTLY ENFORCED.
- ◆ PLEASE PROVIDE ENOUGH MEDICAL SUPPLIES FOR ONE WEEK, PLUS 2 ADDITIONAL DAYS.
- ◆ ALL RESPIRATORY EQUIPMENT SHOULD BE SENT TO CAMP WITH YOUR CHILD.
- ◆ **IF SENDING MEDICAL EQUIPMENT, PLEASE ALSO PROVIDE A SURGE PROTECTOR WITH THE YOUR CHILD'S NAME CLEARLY MARKED.** ALL EQUIPMENT NEEDED ON A DAILY BASIS MUST BE SENT TO CAMP WITH YOUR CHILD.
- ◆ PLEASE HAVE ALL SPLINTS, BRACES, WHEELCHAIRS, RESPIRATORY EQUIPMENT AND ASSISTIVE ACCESSORIES CHECKED OR SERVICED PRIOR TO ARRIVAL AT CAMP. PLEASE BE SURE EACH ITEM IS CLEARLY IDENTIFIED WITH YOUR CHILD'S FIRST AND LAST NAME.

If you are in the process of ordering new equipment, please work with your equipment vendor to ensure that it will be available prior to the start of camp. Please contact MDA if you are concerned about equipment availability.

Applicant Name: \_\_\_\_\_

I understand that the equipment my child brings to camp must be, to the best of my knowledge, in good operating condition and that any repairs made to the equipment while at camp that are a result of routine use will be my responsibility if such repairs are not covered under the Association's program guidelines.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**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 camp activities, except as noted by me (us) and/or an examining physician. I certify to the best of my knowledge, my child does not have any contagious or communicable disease or condition. I also understand that MDA and the camp are not responsible for illness due to previous injuries, health conditions or illness incidental to attending camp.

If there should be a medical emergency while at the MDA Summer Camp or going to and from camp, I (we) authorize treatment by the MDA Summer Camp medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. 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 Camp Director or medical staff of the camp to select and designate emergency medical personnel, nurses and physicians 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 Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**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.

Destination/Travel Schedule: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

Phone #(s) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Address(es): \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

EMERGENCY CONTACTS

In the event of a serious medical problem, the medical staff or the MDA Camp Director will contact you to advise you of your child's condition, treatment or need for continued medical attention. If we are unable to reach you, we will call the emergency contacts you list below. **We will make every effort to contact the parents first.**

**The individuals listed below 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:

Secondary **non-parent/legal guardian** emergency contact:

\_\_\_\_\_  
Name of Primary Contact

\_\_\_\_\_  
Name of Secondary Contact

Applicant Name: \_\_\_\_\_

Relationship to Your Child \_\_\_\_\_

City \_\_\_\_\_

( ) ( )

Phone # - day \_\_\_\_\_ Phone # - evening \_\_\_\_\_

( ) ( )

Cell/Pager # \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Your Child \_\_\_\_\_

City \_\_\_\_\_

( ) ( )

Phone # - day \_\_\_\_\_ Phone # - evening \_\_\_\_\_

( ) ( )

Cell/Pager # \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Can the individuals listed on the previous page as emergency contacts also act on your behalf to make **non-emergency decisions** regarding activities or other services provided to your child while at camp?  
 (CHOOSE ONE) YES NO

Signature of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**HOME TRANSPORTATION AND RELEASE GUIDELINES**

Some state laws require the parents/legal guardians of children who are less than 18 years old to specify to whom, in addition to their parents, their child may be released to at the conclusion of camp or sooner if necessary (e.g., grandparents, neighbor, parents of another camper with whom the child is sharing the ride home). **Please ensure that those listed for alternate transportation are able to transport your child and his/her equipment in an appropriate vehicle.**

Please complete and sign the statements below.

If a child is not picked up at the designated time on the last day of camp by a parent/legal guardian, I (we) understand that a designated alternative, as listed below, will be phoned. If necessary, in the event of extreme delays, **local child protection authorities** will be contacted for assistance in placing your child in safe custody until the parents/legal guardians are located.

**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 Your Child \_\_\_\_\_

( ) ( )

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship to Your Child \_\_\_\_\_

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 and participants in the camp program for fund-raising and publicity purposes. The following consent form allows MDA to use your child's photograph or film for these purposes.

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting my child 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 child's name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of my child and my child's 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

Applicant Name: \_\_\_\_\_

other purpose in furtherance of the corporate purposes and objectives of MDA, without payment to me or my child. This consent shall be binding upon my child, my child's heirs, executors, administrators, assigns, and all legal guardians of my child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**ROSTER RELEASE**

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**RELEASE**

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting my child to attend MDA Summer Camp, I hereby, and for 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 my child may have against MDA, its directors, officers, employees, counselors, volunteers, medical staff, 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 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 my child assumes 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.

This release shall be binding upon my child, 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, Water Fight, Dances, Children's Rides, Fishing, Hay/Wagon/Train Rides, Arts & Crafts, Video Game Playing, Wheelchair Races, Rock Wall Climbing, Obstacle Courses, Cooking, Eating, Wheelchair Soccer, Petting Zoos, Karaoke, Card/Board Games, Playing With Various Toys, Campfires, Makeovers, Travel to alternate venues such as (but not limited to) Camp Tracey, Hollywood Connection, Tracy Aviary, Parks,      Movies, Etc.

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

MDA goes to great lengths to select the most trustworthy and appropriate camp volunteers who are well-suited to the task of caring for campers. MDA carefully screens and interviews each camp volunteer prior to the camp session. MDA camp volunteers work with your child in the context of a visible, well-scrutinized community that has

Applicant Name: \_\_\_\_\_

many built-in checks and balances. Volunteers are supervised by staff and are guided by clear, firm policies regarding behavior. Their actions are also visible to a community full of volunteers, campers, and MDA staff.

Camp volunteers spend one week at MDA summer camp and MDA does not take responsibility for their behavior or actions outside of the MDA summer camp session. If you as a parent or legal guardian wish your child to continue contact with a camp volunteer after the camp sessions ends, that is, of course, your right. However, by doing so, you understand that **you accept full responsibility for overseeing whatever contact occurs as a result.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
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. Parents should discuss the following policies with their child and have him/her sign where indicated.

**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. Each camp participant is expected to be a considerate cabin mate and be respectful to people and their belongings. All campers must maintain wheelchairs at a safe speed. 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.

**CELL PHONES:** Cell phones are not allowed at MDA Summer Camp. Please do not send a cell phone to camp with your child. Any cell phones brought to camp will be collected by MDA staff. MDA is not liable for any damage to cell phones brought to camp. MDA or the camp medical staff will contact you if your child is experiencing a challenge in their adjustment to camp or having a significant health-related issue.

**DRESS CODE:** Females 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 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:** Campers are expected to take part in the daily camp program by following the camp schedule and attending activities.

**TRAVEL-IN-THREE'S 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. No other visiting is permitted during the camp week, including parents of campers.

**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.

**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.

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 Camp Director and his/her designated camp assistants.

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

Applicant Name: \_\_\_\_\_

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**Medical Status: To Be Completed By Physician/Health Professional**  
(Physician/Health Professional should not be a member of applicant's family)

**This section is to be completed by a medical professional familiar with your child's neuromuscular condition who can best determine if your child is eligible to attend MDA's summer camp program.** This evaluation must take place no more than three months prior to the camp session and more recently if your child's health so requires.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

General Inspection/Type of Neuromuscular Disease: \_\_\_\_\_

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.....	.....

Neurologic Exam: \_\_\_\_\_

**RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP**

*Participation involves group living and activities in an outdoor setting, a high level of physical activity, adaptive sports, and swimming. At a limited number of camps, campers may be exposed to high altitude.*

Cardiac: \_\_\_\_\_

Pulmonary: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Medication(s) (please specify dosage): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Therapy (physical, respiratory, etc.): \_\_\_\_\_

Swimming: \_\_\_\_\_

Strenuous Activity: \_\_\_\_\_

Other: \_\_\_\_\_

Can the child tolerate high altitudes? (If applicable): \_\_\_\_\_

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**NOTE TO HEALTH PROVIDER:**

1. The above named person wishes to participate as a camper at the Muscular Dystrophy Association Summer Camp. **In your medical opinion, is MDA camp an appropriate environment for this child?**  
(CHOOSE ONE) YES NO

2. I have examined the person herein described and have reviewed his/her health history. **Is it your opinion that this child is medically and emotionally able to engage in camp activities (i.e., daily physical activity and adaptive sports), except as noted above?** (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 child's family.

 <p>Physician/Medical Professional's Name (Please Print)</p> <p>_____</p>	<p>Address</p> <p>_____</p>
<p>Physician/Medical Professional's Signature</p> <p>_____</p>	<p>City State Zip</p> <p>_____</p>
<p>Date</p> <p>_____</p>	<p>( )</p> <p>Phone #</p> <p>_____</p>