

Camp That Love Built

Camp That Love Built Checklist

Application Deadline is:

May 31, 2021

☐ Application

☐ Medication Permission/Agreement Form

☐ Health Questionnaire (To be completed by anyone with any of the listed medical conditions.)

☐ Physician Medical Release Form

☐ CTLB Release Form

☐ Criminal Background History Check

☐ Camp For All Release Form

☐ Tribe of Judah (Motorcycle) Participation Release Form

☐ **Application Fee** (Checks can be made out to: SBHGC)

****(Camper fee is \$380, does not include application fee)

****(Does not apply to volunteers)

☐ Picture of Camper / Volunteer

Picture of Insurance card front and back

Financial Aid Application: Due by **May 31, 2021**

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Camper/ Volunteer Information: Born with Spina Bifida? Y N Preferred contact method: _____

Name: _____ Date of Birth: ____/____/____ Gender: M F

Address: _____ Apt: _____ Nickname: _____

City: _____ State: _____ County: _____ Country: _____ Zip Code: _____

Phone #: (____) ____-____ Email: _____

Ethnicity: _____ Height: ____ ft. ____ in. Weight: _____

Family Information:

Shirt information: Youth Adult

Shirt Size: _____

Father Name: _____ Primary Contact: Y N

Primary #: (____) ____-____ Secondary #: (____) ____-____

Email: _____ Contact for Emergency: Y N

Mother Name: _____ Primary Contact: Y N

Primary #: (____) ____-____ Secondary #: (____) ____-____

Email: _____ Contact for Emergency: Y N

Will you be traveling while your child is at camp: Y N

If yes, how can we contact you during camp? _____

Additional Emergency Contact Information:

Information same as above

Emergency Contact Name: _____ Relationship: _____

Primary #: (____) ____-____ Secondary #: (____) ____-____

Emergency Contact Name: _____ Relationship: _____

Primary #: (____) ____-____ Secondary #: (____) ____-____

Insurance Information:

Insurance company name: _____ Phone #: (____) ____-____

Policy #: _____ Group #: _____

Medicaid: _____ CIDC: _____

Insured Name: _____ S.S. #: _____

Financial: If you would like to pay via PayPal please indicate here:

Method of Payment: ☐ Independent ☐ Financial Aid ☐ Sponsor ☐ Other: _____

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Registration Fee Information

The Application fee is \$50(Early) and \$75 (Open) (All are nonrefundable). (This is for all volunteers/campers).

**The Camper fee is \$380. (This fee does not include the application fee).
(This fee does not apply to volunteers)**

******All fees are due by June 12, 2021.**

Financial Aid / Scholarship:

If you need to apply for scholarship, please use the forms provided in this packet.

Please remember we have limited scholarships, so send in these forms as soon as possible.

Financial Aid Applications must be postmarked by May 31, 2021.

All application and camp fees must be paid in full by June 12, 2021.

Checks are to be made payable to: Spina Bifida Houston Gulf Coast

Camp That Love Built

Name: _____ Date of Birth: ____/____/____ Gender: M F

Allergies: No Allergies

Latex: Sensitivity Allergy No Reaction

Medications/Foods (Please include reaction if known): _____

Medical Information:

Family Doctor Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Phone #: (____) ____ - _____

Preferred Hospital Name: _____

Address: _____

City: _____ State: _____ Phone #: (____) ____ - _____

Assistive Devices:

Glasses: Y N Contacts: Y N Hearing Aids: Y N

Helmet: Y N Time Restrictions: _____

Wheelchair: Y N Time Restrictions: _____ Braces: Y N Restrictions: _____

Medical History:

No Medical Conditions Medical Conditions: _____

No Surgeries Surgeries: _____

Behavioral Concern: Y N Describe: _____

Fears / Dislikes: _____

Hobbies / Activities enjoyed: _____

Concerns while at camp: _____

Additional information to improve the camper experience: _____

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Medications:

Scheduled (Taken daily or as prescribed):

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

Name: _____ Dosage: _____ Times: _____

Specific Times/ Special Instructions: _____

PRN (Taken only as needed):

Name: _____ Dosage: _____ Frequency: _____

As Needed for: _____

Name: _____ Dosage: _____ Frequency: _____

As Needed for: _____

Name: _____ Dosage: _____ Frequency: _____

As Needed for: _____

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Non-Prescription Medication Agreement: YES= Can be given at camp; NO= Can't be given at camp

Medication:	Yes	No	Notes
Acetaminophen (Tylenol)			
Phenylephrine decongestant (Sudafed PE)			
Pseudoephedrine decongestant (Sudafed)			
Antihistamine/Allergy medication (Claritin)			
Diphenhydramine (Benadryl)			
Guaifenesin cough syrup (Robitussin)			
Dextromethorphan cough syrup (Robitussin DM)			
Cough drops			
Sore throat spray			
Calamine Lotion			
Antibiotic Cream			
Aloe Vera			
Laxative (Ex-Lax, Senna, Mira lax)			
Bismuth Subsalicylate (Kaopectate, Pepto-Bismol)			
Imodium			
Ibuprofen (Motrin)			

****I have read the reviewed and agree to the medications marked "YES" to be administered to the camper/volunteer while at camp.

Signature: _____ Date: _____

***** If camper is under 18 or unable to sign for themselves, a legal guardian must sign.**

Agreement to medication storage and usage:

1. Rescue inhalers for asthmatics and epi pens for anaphylactic reactions MUST be kept in a secure place with the owner of the medication at all times. All other medications including over the counter medications are to be checked in with the medical staff upon arrival at camp.
2. All maintenance medications must be in their original bottles with the current instructions on the bottle.
3. Medication will be given only as directed on the original bottle. If medication regimen is different for the current bottle, please bring a signed note from the physician with the medication to camp.

Signature: _____ Date: _____

***** If camper is under 18 or unable to sign for themselves, a legal guardian must sign.**

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Health Questionnaire: (To be completed by anyone with one or more of the following conditions. Please complete portions that pertain to camper's medical history.)

Does the individual have any of the following? If yes, please provide description.

Neurologic: No Neurological Conditions

Shunt: Y N Description: _____ Last revision: _____ Currently Functioning Y N
Signs of Malfunction: _____

Seizures: Y N Type: _____

Aura/Warning Signs: _____ Treatment: _____

Other Concerns: _____

Description: _____

Behavioral: No Behavioral Conditions/Concerns

Learning, Attention, memory, or behavioral issues: _____

Description: _____

Psychiatric issues (Depression, bipolar, or anxiety): _____

Description: _____

Behavioral Concerns: _____

When behavioral usually occurs: _____

Effective method to manage behavior: _____

What works to comfort the camper: _____

Difficulty with group settings or activities: _____

Description: _____

Other Concerns: _____

Description: _____

Respiratory: No Respiratory Conditions

Breathing/Sleeping Condition (Asthma/Sleep Apnea): _____

Description: _____

Other Concerns: _____

Description: _____

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Orthopedic: No Orthopedic Conditions

Type of Braces Used: _____ Full Assist. Partial Assist. Independent

Dressing Changes Y N Schedule: _____

Assistance: Full Assist. Partial Assist. Independent

Description: _____

Bone conditions (Brittle bone, osteopenia, or fractures): _____

Description: _____

Scoliosis, Lordosis, or Kyphosis: Y N Brace: Y N

Description: _____

Club foot: Y N Assistive device: _____

Description: _____

Other Concerns: _____

Description: _____

Gastrointestinal: No Gastrointestinal Conditions

Digestive Difficulties (acid reflux / nausea / vomiting): _____

Preventive Measures/Description: _____

Bowel Program: Y N Assistance: Y N Frequency: _____

Type (MACE, ACE, CONE, or Other): _____

Description: _____

Other Concerns: _____

Description: _____

Urinary: No Urinary Conditions

Bladder or Kidney reflux: Y N Description: _____

Catheter Management: Y N Assistance: Y N Number of times/Day: _____

Catheter Size: _____ Bladder irrigation: Y N Assistance: Y N

Menstruation: Y N Feminine product used: _____

Full Assist. Partial Assist. Independent

Other Concerns: _____

Description: _____

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Motor Skills:

Communication Difficulties: _____

Self-Expression (Wants/Needs), Sign Language, Communication Device

Description: _____

Oral intake (Drinking / Eating) Difficulties: Full Assist. / Partial Assist. / Independent

Description: _____

Diet: Normal / Blended / Pureed / Diabetic / Special: _____

Food Allergies: _____

Dressing/Changing/Showering Difficulties: Full Assist. / Partial Assist. / Independent

Description: _____

Transfer / Mobility Difficulties (Wheelchair, transfer, walker): Full Assist. / Partial Assist. / Independent

Propel: Full Assist. / Partial Assist. / Independent

Transportation: Manual Chair Power Chair Other: _____

Other Concerns: _____

Skin: No skin Conditions

Skin Breakdown: Y N Description: _____

Treatment: _____

Other Concerns: _____

Description: _____

Cardiac: No cardiac Conditions

Hypertension: Y N Coronary Artery Disease: Y N

Peripheral Artery Disease: Y N Congestive Heart Failure: Y N

Heart Defect: Y N Describe : _____

Cardiovascular Surgery: Y N Describe: _____

Other Concerns: _____

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Physician Medical Release Form Due **June 12, 2021**

(This form must be completed by a physician, physician assistant or nurse practitioner within 6 months (All campers / volunteers))

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Gender: M F Height: ____ ft. ____ in. Weight: _____

Vital Signs: BP: ____/____ HR: ____ RR: ____ Temp: ____ Pain Score: ____

Medical Release For Participation In Camp Activities

The above named individual has been diagnosed with the following:

All activities have been adapted for the physically challenged

- ☐ Individual may participate in camp activities with no restrictions.
- ☐ Individual may participate in camp activities with the following restrictions.
(Please provide details of restrictions including duration, temperature, protective equipment, activities to avoid, etc.)

- ☐ _____
- ☐ _____
- ☐ _____

- ☐ Individual MAY NOT participate in camp activities

Camp activities include but are not limited to the following (All Camp activities are accessible for those with disabilities.):

- | | |
|--|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Bicycle Riding |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Wheelchair sports |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Motorcycle Rides |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Target shooting |

By Signing below, I state I have assessed the above named individual, in person, within the last 6 months.

Printed Name: _____ Office Number: _____

Signature: _____ Date: _____

Camp For All is a barrier free facility designed for individuals with disabilities. All activities are modified to fit the camper's abilities & needs. The goal is to ensure a safe, healthy, and fun camp experience for every camper.

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Camp That Love Built Camp Release Form

This Agreement must be read and signed for you / your child to be eligible to attend Camp That Love Built at Camp For All.

Name: _____ Date of Birth: ____/____/____ Gender: M F

***Please initial each section and sign on signature line at the bottom of the page.

Participation Consent

I understand and certify that my/my child's participation in the Camp That Love Built and its activities at Camp For All is completely voluntary. I have familiarized myself with the Camp That Love Built program and activities at Camp For All 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 element ropes course, swimming, archery, and canoeing. I acknowledge that although Camp That Love Built and Camp For All have taken safety measures to minimize the risk of injuries to camp participants, Camp That Love Built and Camp For All cannot ensure or guarantee that the participants, equipment, premises, or activities will be free of hazards, accidents, or injuries. I recognize/I have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp That Love Built and Camp For All. Further, I have received approval from a doctor authorizing me/my child to participate in all activities at Camp For All. I also agree to inform Camp That Love Built of any activities in which I/my child may not participate.

Initial: _____

Liability Release

I, the undersigned, understand that occasionally accidents occur during activities and the participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risk of activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself/my minor child, my heirs, executors, and administrators. I hereby release and forever discharge Camp That Love Built and Camp For All, and any other officers, directors, employees, and agents from all claims, causes of action or damages arising out of 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 That Love Built at Camp For All.

Initial: _____

Media Release

I do ____ / do not ____ give Camp That Love Built and Camp For All the right to interview and to take photographs, audio or audiovisual recordings of me/my child to be used in promotional, educational or fund-raising materials including, but not limited to videotapes, pamphlets, website 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 child, my heirs, executors, and administrators. Camp That Love Built and Camp For All shall have the right to use photographs or other images of me/my child in promotion, educational or fundraising materials. I acknowledge that Camp That Love Built or Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp That Love Built and Camp For All and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by Camp That Love Built and Camp For All. 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, and 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 myself/my minor child whose name is mentioned above.

Initial: _____

Camper/Guardian Signature: _____ Date: _____

Last Name: _____ Date of Birth: ____/____/____

Camp That Love Built

Consent For Criminal Background History Check

I hereby give permission for Spina Bifida Houston Gulf Coast (SBHGC) to obtain information relating to my criminal history record. The Criminal history record as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudication.

I understand that this information will be used, in part, to determine, my eligibility for a volunteer position with SBHGC.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Spina Bifida Houston Gulf Coast, and "Camp That Love Built" and each of their officers, directors, employees, debts, and sum of money, claims, and demands whatsoever, and any and all related attorney's fees, court costs, and expenses resulting from investigation of my background in connection with my application to become a volunteer member.

Please print when applicable:

Applicant Signature

Date

Print Name

Date of Birth

Maiden/Other Name

Male / Female

Social Security Number

Texas Driver's License Number

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Tribe of Judah

Participation Release Form

Spina Bifida Camp For All Event

Date: June 27, 2021

I, _____, hereby release (hold harmless) Tribe of Judah MM, its leadership, agents, servants, employees, and all individual under leadership supervision, orders, and control from any and all liability whatsoever arising out of any claim, act, transaction, or omission resulting in any type of accident, injury, medical emergency or any other incident or occurrence which may give rise to any civil lawsuit or cause of action regarding myself or my minor child (as listed below) at any time as a result of participating in a motorcycle ride by Tribe of Judah MM at Camp For All with Camp That Love Built on **June 27, 2021**.

Camper / Volunteer Name (Please Print)

Date of Birth

I understand that by signing this release, I give my permission for me/my child to be at the above named premises and agree to release the above named organization from any and all liability and responsibility as stated above.

I warrant that I have the authority to sign on behalf of myself / my minor child listed above.

Signature: _____ Date: _____

Relationship to minor child: _____

Last Name: _____

Date of Birth: ____/____/____

Camp That Love Built

Picture of Camper / Volunteer

Camper/Volunteer
Picture
(Please scan or
send a picture
with application)

Picture of insurance card front and back
(Please scan or send a picture with
application)

Insurance Card
Front

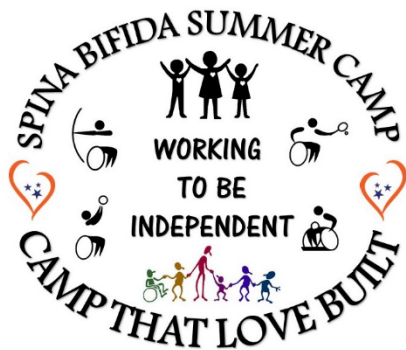
Insurance Card
Back

Last Name: _____

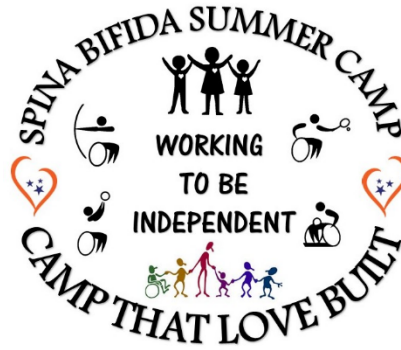
Date of Birth: ____/____/____

Camp That Love Built

****PLEASE ATTACH ONE LABEL TO EACH PIECE OF LUGGAGE BROUGHT TO CAMP



Bag ____ Of ____



Bag ____ Of ____

Name



Bag ____ Of ____

Name

Last Name: _____

Name



Bag ____ Of ____

Name

Date of Birth: ____/____/____