

Dear Camper/Guardian,

Thanks for submitting an application to attend *Camp BIAG*. Attached you will find the follow up documents that must be submitted for the camper's application to be reviewed. Please note that the applicant is not automatically accepted. Our Planning Committee will review the applications and make determinations of appropriateness for Camp.

These documents are due no later than August 20th. The sooner the follow up documents are received, the sooner we notify the camper of their acceptance. However, if we fill up prior to August 20th, all applicants will be placed on a waiting list. We will let all participants know of their acceptance by September 7th.

Enclosures that MUST BE RETURNED:

1. Camper Healthcare Recommendations - must be signed by physician
2. Immunization Form
3. Camp BIAG Code of Conduct
4. Waivers & Releases for BIAG and CTL
5. Picture of camper
6. BIAG membership form and camp payment to the Brain Injury Association of Georgia (see attached forms)

****Important Notes**:**

- ★ Campers may not be dropped off prior to **5pm** on Thursday, October 18th!!
- ★ All camper medications must be in their **original bottle** or **blister pack** or the camper will be turned away at registration. This is a requirement for our liability insurance coverage.

Thank you for your patience and understanding!

Mail these follow up documents and your payment to:

Camp Twin Lakes
Attn: Camp BIAG
210 S. Broad Street, Unit 5
Winder, GA 30680

Or fax them to: 844-381-3543

Please feel free to contact me anytime at kayleigh@camptwinlakes.org or 678-809-6047. Thank you!

Kayleigh Travis

Camp Director

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

Camp Twin Lakes
c/o Kayleigh Travis
210 S Broad St Unit 5
Winder, GA 30680

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your ~~completed CAMPER HEALTH HISTORY FORM (FORM 1)~~ to your child's health-care provider for review.

Dates will attend camp: from 10/18/2018 to 10/21/2018
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City State Zip Code

Custodial parent(s)/guardian(s) phone: (_____) (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion Aloe

Medical Personnel: Please review the ~~CAMPER HEALTH HISTORY FORM (FORM 1)~~ and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (list):

To medications (list):

To the environment (insect stings, hay fever, etc.— list):

Other allergies (list):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the ~~CAMPER HEALTH HISTORY FORM (FORM 1)~~ and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

CAMP BIAG CODE OF CONDUCT

USE OF DRUGS/ALCOHOL

Use of drugs and/or alcohol is prohibited on the premises of Camp Twin Lakes. Any Camp BIAG camper found to be under the influence of or in possession of drugs or alcohol at camp will face disciplinary action. Upon discovery of possession or intoxication, the camper's designated emergency contact or guardian may be called and notified of the situation.

BEHAVIOR

1. Inappropriate contact with any other camper, CTL staff, or volunteer for purpose of harassment, abuse, or exploitation is not permitted.
2. Any type of verbally or physically aggressive behavior is not permitted.
3. Camp BIAG reserves the right to request the camper or his/ her emergency contact or guardian to make arrangements for early dismissal from camp should they feel the camper is jeopardizing his/ her safety or the safety of others.
4. Inappropriate communication with any other camper, Camp BIAG staff member, or Camp Twin Lakes staff member will not be permitted during or outside of Camp BIAG. Continued or frequent use of abusive, threatening, or otherwise inappropriate language may jeopardize future camp attendance or result in early dismissal from Camp BIAG.

FIREARMS/ DANGEROUS INSTRUMENTS

Guns, knives, or other sharp or dangerous items will not be permitted on camp property. Camp BIAG reserves the right to confiscate any such objects.

I _____, as a camper at Camp BIAG, have read, understand, and agree to abide by this Code of Conduct. I understand that any violation of these camp policies will result in a phone call to my emergency contact by the Camp BIAG administration and may result in early dismissal from camp. In addition, I understand that if I violate these policies, I may not be able to return to camp for future sessions. Camper shall not violate any local, state, or federal laws. My signature below denotes my agreement and understanding.

Signed _____ Date _____

Guardian Signature _____ Date _____

Waivers & Releases

Release of Information to Camp BIAG

The health history described in the Camp BIAG Camper Information and Camper Medical Form is correct to the best of my knowledge, and camper has no restrictions on camp activities other than those listed in application. I give permission to the physician selected by the camp director to order x-rays, routine tests & treatment and, in the event of any perceived emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my camper named above.

X _____
Signature (Parent/Guardian if applicable) Date

Release of Information to Camper's Physician

I hereby authorize the camp medical director to disclose any and all records pertaining to camper to his/her physician. I, on behalf of camper hereby release the health director, Camp BIAG, and Brain Injury Association of Georgia from all legal responsibility and liability, which may arise from the release of these records to the physician(s) entered previously in this application.

X _____
Signature (Parent/Guardian if applicable) Date

Brain Injury Association – General Release of Liability

In partial consideration for my camper's participation in all Camp BIAG activities and attendance at the Camp, I hereby fully release, acquit, and discharge Camp BIAG, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns from any and all claims, causes of actions, or demands of whatsoever kind and nature, known and unknown, including but not limited to injuries to property or person which may be incurred by my camper arising out of his/her participation in this summer camp program sponsored by the released parties. I, the undersigned, further agree and covenant not to sue or prosecute any claims for injuries to property or person which may be incurred by my camper in connection with his/her participation in this summer camp program sponsored by the released parties.

I recognize that unpredictable behavior is a common side effect of brain injury. I hereby assume any risk of injury or damage resulting from such an episode by any camper at Camp BIAG and release Camp BIAG, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns of these entities from any claims resulting from unpredictable behavior by a camper.

Camp BIAG reserves the right to expel or release any camper from camp due to inappropriate camp conduct. Determination of inappropriate conduct shall be solely within the discretion of Camp BIAG staff.

Following a decision to expel a camper, parents will be responsible for retrieving their camper immediately. Failure to comply with this policy may result in accumulating monetary charges to parents for interim care of the camper and prevent a camper from returning to Camp BIAG in the future.

X _____
Signature (Parent/Guardian if applicable) Date

Brain Injury Association of Georgia – Audio-Visual Materials Release

I hereby consent to the use of Audio-Visual materials and/or the publication of an existing Audio-Visual Materials of my camper, by Camp BIAG and Brain Injury Association of Georgia or other Audio-Visual Materials corporations with whom it may be affiliated in educational, promotional, or fundraising materials. I also consent to the use of my camper’s Audio-Visual Material in all media. I hereby release Camp BIAG and Brain Injury Association of Georgia from any and all claims arising out of such Audio-Visual materials, reproducing, publishing or exhibiting as is authorized by Camp BIAG and the Brain Injury Association of Georgia.

X _____
Signature (Parent/Guardian if applicable) Date

EXHIBIT 2
CAMP TWIN LAKES -- CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend Camp BIAG at Camp Twin Lakes.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp BIAG and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp BIAG programs and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Camp BIAG and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp BIAG and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp BIAG at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in the Camp BIAG activities at Camp Twin Lakes. I also agree to inform Camp BIAG of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp BIAG and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance in Camp BIAG at Camp Twin Lakes.

III. MEDIA RELEASE

I do___ I do not___ give Camp BIAG and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp BIAG and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp BIAG or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp BIAG and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp BIAG and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION

I do__ I do not__ give Camp BIAG and Camp Twin Lakes to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X _____
Parent/Guardian/Self Signature

Date



Camp BIAG Payment Information

- Return your payment with the lower half of this form.
- Please send separate checks – one for membership(s) and one for camp payment(s).
- The cost of camp per camper averages \$550+, but we offer a reduced fee of \$125. If you can afford to pay the full amount or any additional amount, it will go a long way towards helping camp be affordable for all.

Cancellation/Refund Policy:

- Bounced check: You will be required pay the camp fee, plus a \$25 return check fee. If resubmitted check bounces, we will not accept another check. Payment will be due in cash, money order or credit card. Bounced check(s) could impact future camp participation.
- Camp fee is non-refundable no-shows, early leave, or cancellations within 5 days of camp.

Please make payments payable to Brain Injury Association of Georgia and mail them to:

Camp Twin Lakes
 Attn: Camp BIAG
 210 S. Broad Street, Unit 5
 Winder, GA 30680

✂ cut along this line

Camper Name: _____

Payment Options:

\$125/camper if you have a current membership to the Brain Injury Association of Georgia.

Apply to be a new or renewing membership to receive a reduced fee of \$125. See attached membership form. (\$5/camper membership or \$10/family membership).

\$150/camper if you do not wish to become a member of the Brain Injury Association of Georgia.

Do you request scholarship assistance? _____ Yes _____ No

Don't forget to ask for help from your family, friends and community members.

Please provide an explanation of your need: _____

Total amount enclosed: _____

Check Number: _____

ONE YEAR RENEWABLE MEMBERSHIP / DONATION for Camp BIAG

B.I.A.G. is a 501c3 non-profit organization, all memberships and donations are tax deductible.

MEMBERSHIP LEVEL	DUES	BENEFITS
TBI/ABISurvivor	\$5 per person (1)	➤ Reduced fees for programs (Camp BIAG reduced fee \$125)
Family Member	\$10 per person (1)	➤ Reduced fees for programs (Caregiver Camp reduced fee \$125) Note: Number of attendees to Caregiver Camp is limited to 17 up to 2 allowed per camper
Individual (non-family/survivor status)	\$50 per person (1)	➤ I would like to become a member to show my support to Brain Injury Association of Georgia (Caregiver Camp reduced fee \$125 if attending as Individual)

\$_____ I would like to help support the Camp BIAG Program by making a donation

Comment: _____

Check # : _____ Total Amount \$ _____ Date: _____

Camper Name: _____

New Member Renewal Support Group Member/Name of SG: _____
 Donation

Name(s): _____

Mailing Address: _____
Street City State Zip

Phone #(s) _____

Email Address(s): _____

Please print legibly! Use back of form if needed or to make comments

THANK YOU FOR YOUR MEMBERSHIP and/or DONATION



Separate check for membership should be made payable to Brain Injury Association of Georgia
Return with completed Application if you apply to camp/caregiver camp

If applying for membership only –not attending either camp - please mail this form w/check to
Brain Injury Association of Georgia, Attn: Jane Jackson, 1441 Clifton Road NE, Atlanta, GA 30322

**Please return a picture of yourself so that we are able to recognize you when
you arrive at camp.**

PLEASE TAPE PICTURE HERE