



Camp Dates: October 18-21, 2018

Dear Camper/Guardian,

Thanks for submitting an application to attend *Caregiver Respite Camp*! We are glad you would like to join us! Camp will be held from Thursday, October 18, 2018 through Sunday, October 21, 2018. If you are transporting a loved one to Camp BIAG, drop them off first. Campers may NOT be dropped off prior to 5:00 pm.

We will be sending directions, information on housing, food, schedules, etc. after you complete this registration process.

Attached you will find:

1. BIAG Membership Form
2. Camp Payment Form
3. BIAG Waivers & Releases

Mail these follow up documents and your payment to:

Camp Twin Lakes

Attn: Camp BIAG

210 S. Broad St, Unit 5

Winder, GA 30680

Or Fax them to: 844-381-3543

Please feel free to contact me anytime at kayleigh@camptwinlakes.org or 678-809-1772. You can also contact Jane Jackson (BIAG Program Director) at jane@braininjurygeorgia.org or 404-712-5504. Thank you!

Kayleigh Travis

Camp Director

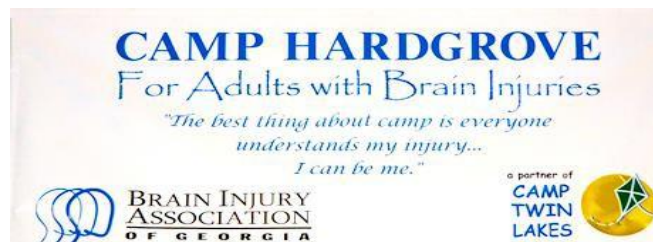


ONE YEAR RENEWABLE MEMBERSHIP / DONATION for Camp Hardgrove

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

MEMBERSHIP LEVEL	DUES	BENEFITS
<input type="checkbox"/> TBI/ABI Survivor	\$5 per person (1)	➤ Reduced fees for programs (Camp Hardgrove reduced fee \$125)
<input type="checkbox"/> 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
<input type="checkbox"/> 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)
<input type="checkbox"/> \$_____ I would like to help support the Camp Hardgrove Program by making a donation Comment: _____		
Check Nr: _____ Total Amount \$ _____ Date: _____ Camper Name: _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Support Group Member/Name of SG: _____ <input type="checkbox"/> Donation Name(s): _____ Mailing Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Street City State Zip </div> Phone Nr(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

Waivers & Releases

Release of Information to Camp Hardgrove

The health history described in the Camp Hardgrove 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 Hardgrove, 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 Hardgrove activities and attendance at the Camp, I hereby fully release, acquit, and discharge Camp Hardgrove, 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 Hardgrove and release Camp Hardgrove, 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 Hardgrove 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 Hardgrove 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 Hardgrove 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 Hardgrove 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 Hardgrove 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 Hardgrove and the Brain Injury Association of Georgia.

X _____
Signature (Parent/Guardian if applicable) 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: _____

