

**We A.R.E. Family Summer Camp 2025
Camper Paperwork**

SECTION ONE * Camper Profile**

Complete in black or blue ink only.

Legal Name:	Prefer to be called:
Street Address:	City/State/Zip:
Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:	Facebook:
Twitter:	Other contact method:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: Birthdate:
T-shirt size:	Diagnosis (specify type of MD):
Emergency Contact Name(s):	Relationship to you:
Emergency Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

SECTION TWO * Legal Releases—Guidelines and Agreements**

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

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

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

Marital Status of Parents: Married Legally Separated Divorced Single

I assert that I am (we A.R.E.) the parent(s)/legal guardian(s) of the above-named camper and that I (we) **have full authority** to enroll him/her in the We A.R.E. Family Summer Camp, 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 camper's other parent/legal guardian(s) of the camper's enrollment and he/she has concurred with this enrollment. I (we) recognize that A.R.E. 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 Camper

Relationship to Camper

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Signature

Date

Date

HOME TRANSPORTATION AND RELEASE GUIDELINES

Some state laws require the parents/legal guardians of campers who A.R.E. 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 A.R.E. able to transport the camper and the camper's equipment in an appropriate vehicle.**

Please complete and sign the statements below.

If a camper is not picked up at the designated time on the last day of camp by a parents /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 my child in safe custody until the parents /legal guardians A.R.E. located.

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

_____ Name	() Home Phone #	_____ Cell/Pager #	() Work #
_____ Name	() Home Phone #	_____ Cell/Pager #	() Work #
_____ Parent/Legal Guardian Signature		_____ Please Print Parent/Legal Guardian Name	
_____ Relationship to Camper		_____ Date	
_____ Parent/Legal Guardian Signature		_____ Please Print Parent/Legal Guardian Name	

SECTION THREE *** Medical Information

PLEASE LIST ALL KNOWN ALLERGIES!! If you have none, please write "None" on each line.

*** Since some campers may be accompanied by service animals, please indicate camper's typical reaction to and severity of any animal allergies you (your child) may have so that appropriate accommodations can be made.*

Food(s) _____

Medicines/Drugs/Latex _____

Bees/Animals/Etc. _____

*If you indicated any allergies above, will you be bringing an Epi-pen to camp with you? YES NO

PLEASE LIST ANY MAJOR MEDICAL ISSUES THAT THE CAMP PERSONNEL MIGHT NEED TO ADDRESS IN AN EMERGENCY SITUATION (e.g. known cardiac illness, asthma, diabetes, etc.)

The health and well-being of campers and volunteers A.R.E. supervised by the camp medical staff. The medical staff takes this responsibility seriously. Please complete **all** requested information in the sections below. Please include any additional health concerns you may have that A.R.E. not specifically requested in the space at the end of this section.

Name of camper's family physician/pediatrician: _____ Phone #: () _____

Name of camper's Neuromuscular clinic physician: _____ Phone #: () _____

Hospital with which your doctor is affiliated: _____

Insurance Information (Please attach a copy of the front and back of your insurance card.)

You may email a picture of your insurance card(s) to are2011family@gmail.com rather than copying – or take a picture and text it to are2011family@gmail.com

Please List ALL medications, including over the counter anti-histamines, vitamins, etc that you take.

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 you (your child) arrive(s) 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 MEDICATIONS FOR THE SEVEN DAY 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 camper, and the schedule by which they A.R.E. given. (Attach a separate sheet detailing all other medications if additional writing space is required.)

Medication Name	Dose	Reason for Medication	Time Doses A.R.E. Given
Medication Name	Dose	Reason for Medication	Time Doses A.R.E. Given
Medication Name	Dose	Reason for Medication	Time Doses A.R.E. Given
Medication Name	Dose	Reason for Medication	Time Doses A.R.E. Given

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

Medication Name	Dose	Reason for Medication	Time Doses A.R.E. Given
Medication Name	Dose	Reason for Medication	Time Doses A.R.E. 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 Enema/MiraLax
Allergy/Congestion/Cold.....Benadryl/Sudafed	

Signature of Camper (if 17 or older) _____ Date: _____

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

Parents/Legal Guardians, your child's welfare is important to the camp staff. Please respond to the following questions with any information you feel would be helpful for making your child's experience at We A.R.E. Family Summer Camp a safe, healthy, and fun experience.

Has camper attended Summer Camp before? YES NO

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

Was your child comfortable with his/her former counselor? YES NO If no, please explain. _____

What A.R.E. camper's eating habits? GOOD FAIR POOR

Please _____ describe: _____
Does camper _____ have _____ problems _____ swallowing _____ or _____ choke _____ easily? _____

What foods/snacks would you prefer not be offered to camper? _____

Does camper generally sleep well? YES NO Does he/she need help at night? YES NO

Is there a bedtime routine we can help with (e.g. tucking in, prayers, glass of water, etc.) to make camper more comfortable? _____

What is camper's usual bedtime? _____

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

Is camper having any non-academic (social) difficulties at school? If yes, please explain: _____

A.R.E. there any special family situations that we should know about? _____

If yes, briefly describe and indicate attitude/reaction of camper: _____

How might camper act if he/she is frustrated, upset, homesick? _____

Is there a special way that you prefer our staff handle these concerns with camper if they occur? _____

Does camper have any behavioral challenges at school or home (e.g. biting, cursing, hitting, attention deficit disorder, etc.)? If yes, please explain: _____

Has camper ever experienced any unusual psychological/physical trauma? If yes, please explain: _____

Has camper ever received psychological or psychiatric counseling or treatment? If yes, please provide dates and explain diagnosis and treatment: _____

If you responded "yes" to the previous questions, may we contact the treating physician/healthcare professional if the We A.R.E. Staff Camp Coordinator or medical staff feels it is necessary and in camper's best interest or in the best interests of other camp participants? YES NO

Name of Contact: Phone #: () _____

Has camper had a psychological consultation within the last year? YES NO

Have there been any major life changes within the last year? YES NO

May We A.R.E. Family Summer Camp staff contact you for more information? YES NO

Is there anything else that we should know about camper that might help in making his/her stay at camp more pleasant? _____

Has the camper ever been diagnosed with any of the following?

- | | | | |
|-----------------------|--|--|--|
| ADD/ADHD | <input type="checkbox"/> YES <input type="checkbox"/> NO | Cardiac Condition | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hepatitis | <input type="checkbox"/> YES <input type="checkbox"/> NO | Asthma | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Anxiety/Panic Attacks | <input type="checkbox"/> YES <input type="checkbox"/> NO | Depression | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Emotional Problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | Seizures/Convulsions | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Developmental Delay | <input type="checkbox"/> YES <input type="checkbox"/> NO | Autism | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, A.R.E. you (is your child) insulin | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Is your child prone to having any of the following?

- | | | | |
|----------------------------|--|--------------------------|--|
| Hay fever | <input type="checkbox"/> YES <input type="checkbox"/> NO | Headaches | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Joint pain | <input type="checkbox"/> YES <input type="checkbox"/> NO | Bed sores | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Indigestion | <input type="checkbox"/> YES <input type="checkbox"/> NO | Bladder control problems | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Pneumonia | <input type="checkbox"/> YES <input type="checkbox"/> NO | Bone fractures | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Constipation | <input type="checkbox"/> YES <input type="checkbox"/> NO | Shortness of breath | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diarrhea | <input type="checkbox"/> YES <input type="checkbox"/> NO | Swimmer's Ear | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ear Infections | <input type="checkbox"/> YES <input type="checkbox"/> NO | Urinary tract infections | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Frequent colds | <input type="checkbox"/> YES <input type="checkbox"/> NO | Wheezing | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Severe reactions to stings | <input type="checkbox"/> YES <input type="checkbox"/> NO | Sinus infections | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Severe menstrual cramps | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

*If you indicated any allergies above, will you be bringing an Epi-pen to camp with you? YES NO

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

Bowel and bladder habits - How frequently does camper go to the bathroom? _____

Does camper have any history of heart problems (including arrhythmia(s), abnormal blood pressure, etc.)? 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, details of above)?

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). _____

Has camper been exposed to a communicable disease (e.g. head lice, strep throat, mononucleosis, etc.) in the last six (6) months?

YES NO If yes, please describe: _____

DOES CAMPER REQUIRE?

- | | | | |
|---|------------------------------|-----------------------------|---------------|
| Bringing a service animal to camp..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with verbal communication..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with stairs (if mobile) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance to stand (if mobile) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance to transfer..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with dressing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with toileting | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with bathing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Assistance with eating..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Special positioning in bed..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Turning in bed at night..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Urinal at bedside | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Head of bed elevated | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |
| Use of hospital bed..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Details _____ |

What "aches and pains" A.R.E. "normal" for camper and how should they be treated?

Other assistance required and/or additional health concerns: _____

If your camper requires extra pillows or foam wedges for positioning, please bring those items to camp. They will not be available from the camp facility.

For Female Campers Only (Male campers should skip this box):

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 camper currently pregnant? _____ If so, how many weeks? _____

Name/Phone # of OB/GYN: _____

THERAPY AND ORTHOPEDIC/MEDICAL EQUIPMENT NEEDS

Will camper require physical therapy at camp? YES NO

Please detail camper'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. Please attach a list of exercises and come to camp prepared to demonstrate how the exercises should be done for the counselor, cabin coordinator, and camp nurse.

Is camper 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

If you A.R.E. 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 the We A.R.E. Family Summer Camp Staff if you A.R.E. concerned about equipment availability. **Please do not assume that there will be extra equipment available at the camp ground. Bring ALL equipment you (your child) needs for the duration of your (your child's) stay at camp.**

ALL WHEELCHAIRS MUST HAVE A SEATBELT. SEATBELT USE IS STRICTLY ENFORCED.

Does camper wear a corset or body brace? _____ Leg braces? _____

Please describe the type of braces that camper wears and the schedule by which they A.R.E. worn. _____

Please list reasons why braces would be removed during usual "wearing" time should camper request such:

Is a hydraulic patient lift used to lift camper? YES NO

Will camper require the use of a feeding tube while at camp? YES NO

If "yes" please describe feeding schedule and please come to camp prepared to demonstrate the use of the pump to the counselor, cabin coordinator, and camp nurse. _____

PLEASE MAKE SURE TO PROVIDE ENOUGH SUPPLIES FOR SEVEN DAYS, PLUS 2 ADDITIONAL DAYS.

Does camper use respiratory equipment/therapy at home? YES NO

If "yes" please list each piece of equipment and the schedule for when it should be used and please come to camp prepared to demonstrate the use of the equipment to the counselor, cabin coordinator, and camp nurse.:

RESPIRATORY EQUIPMENT SHOULD BE SENT TO CAMP WITH CAMPER.

Other equipment/aids used by camper at home: _____

IF SENDING MEDICAL EQUIPMENT, PLEASE ALSO PROVIDE A SURGE PROTECTOR WITH THE CAMPER'S NAME CLEARLY MARKED. ALL EQUIPMENT NEEDED ON A DAILY BASIS MUST BE SENT TO CAMP WITH CAMPER.

If you answered yes to any of the previous questions regarding therapy and orthopedic/medical equipment needs, please provide details (use separate sheet if needed.): _____

Is there any further information that may be helpful in better understanding camper and his/her needs at camp? _____

IMPORTANT: 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 CAMPER'S FIRST AND LAST NAME.

I understand that the equipment I (my child) bring(s) 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 A.R.E. a result of routine use will be my responsibility.

Signature of Camper (If 17 or older) _____

Date _____

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

Date _____

SECTION FOUR * Medical Consent & Emergency Releases**

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, I (my child) does not have any contagious or communicable disease or condition. I also understand that We A.R.E. Family Summer Camp 2025 and the camp A.R.E. 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 We A.R.E. Family Summer Camp 2025 or going to and from camp, I (we) authorize treatment by the We A.R.E. Family Summer Camp medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. The We A.R.E. Family Summer Camp medical staff maintains a medical cabin on the campgrounds. They A.R.E. 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 We A.R.E. Family Summer Camp medical staff during the week of camp. I (we) authorize the We A.R.E. Family Summer Camp Coordinator 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 the Alliance for Recreational Empowerment Foundation, the We A.R.E. Family Summer Camp Staff, the camp and camp volunteers, staff and participants from any and all liability for their reasonable acts done in good faith.

Signature of Camper (If 17 or older) _____

Date _____

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

Date _____

ATTENTION PA.R.E.N.TS 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 #: () _____

Alternate # () _____

EMERGENCY CONTACTS

In the event of a serious medical problem, the medical staff or the We A.R.E. Family Summer Camp Staff will contact parents or persons listed below to advise them of the camper's condition, treatment or need for continued medical attention. 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 parents /legal guardian is contact: unavailable, please call primary emergency contact:

Secondary non- parents /legal guardian emergency

Name of primary contact _____

Relationship to Camper _____

City _____

() () _____

Phone # - day _____ Phone # - evening _____

() _____

Cell/Pager # _____

Signature of Camper (If 17 or older) _____ Date _____

Name _____

Relationship to Camper _____

City _____

() () _____

Phone # - day _____ Phone # - evening _____

() _____

Cell/Pager # _____

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

Can the individual(s) listed as emergency contact(s) also act on your behalf to make non-emergency decisions regarding activities or other services provided to your child while at camp? YES NO

Signature of Camper (If 17 or older) _____

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

Date _____

SECTION FIVE * Media Release**

I, the undersigned, do hereby consent and agree that *We A.R.E. Family Summer Camp 2025*, its volunteers or agents have the right to take photographs, videotape, or digital recordings of me during the 2025 *We A.R.E. Family Summer Camp* program and any other events hosted by the A.R.E. Foundation and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publication in the camp annual, on the camp DVD, and in materials used to promote the foundation (name to be determined) that supports fundraising efforts for future events. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to *We A.R.E. Family Summer Camp 2025*, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that *We A.R.E. Family Summer Camp 2025* is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Signature of Camper (If 17 or older) _____

Date _____

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

Date _____

Roster Release

I give consent to have my name and contact information included in the *We A.R.E. Family Summer Camp 2025* annual.

Signature of Camper (If 17 or older)

Date

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

Date

SECTION SIX *** Legal Release

In consideration of the Alliance for Recreational Empowerment ("A.R.E.'s") permitting me (my child who is under 18) to attend We A.R.E. Family Summer Camp 2025, 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 A.R.E., 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 I (my child) may suffer while taking part in We A.R.E. Family Summer Camp 2025 or any activities connected with the We A.R.E. Family Summer Camp 2025. **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 (my child) assume(s) all risks in participating in We A.R.E. Family Summer Camp. I further recognize that A.R.E. 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 A.R.E. 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 We A.R.E. Family Summer Camp's program typically may include but is not limited to the following activities:

Swimming YES NO

Boating YES NO

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

Tubing YES NO

Consuming the HattieB's (or other company) SPICY HOT Chicken YES NO

Print Name of Camper

Print Name of Parent/Legal Guardian

Signature of Camper (If 17 or older)

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

Date

Date

SECTION SEVEN *** Rules

We A.R.E. Family Summer Camp Practices & Policies Agreement

Please read the We A.R.E. Family Summer Camp Practices and Policies Agreement carefully and thoughtfully, then sign the statement of compliance that follows. If the participant is under the age of 18, parents should discuss the following policies with the participant.

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 A.R.E. camp community.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day. All campers A.R.E. expected to return to and remain in their sleeping quarters with lights out by the curfew established by the A.R.E. Camp Director. All curfews will be strictly enforced.

MEDICAL SERVICES: EVERYONE 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 while at camp. All treatment and/or health care will be administered by authorized 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.

TELEPHONE CALLS: All participants must abide by the cell phone policies established by the We A.R.E. Family Summer Camp.

VALUABLES AND CASH: Everyone is urged not to bring valuable clothing, accessories, cell phones, computer or camera equipment. Under special circumstances cash and small valuables may be turned into the camp director for safekeeping. A.R.E. and the camp A.R.E. not responsible for loss or damage to personal property.

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

CAMP SITE: Campers and volunteers may not leave the camp grounds without prior permission from the We A.R.E. Family Summer Camp Coordinator.

SMOKING: All participants must abide by the smoking policies established by the We A.R.E. Family Summer Camp.

ALCOHOL, DRUGS AND WEAPONS A.R.E. FORBIDDEN: The possession or use of alcoholic beverages and the possession or use of illegal drugs A.R.E. strictly forbidden and will be grounds for dismissal and contacting the authorities. Any camper believed to be under the influence of illegal drugs or alcohol while at We A.R.E. Family Summer Camp will be dismissed from the facility promptly and law enforcement will be notified. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well; the weapon will be confiscated, the participants dismissed, and the authorities will be contacted.

LIMITS: In order to set a tone of respect for the rights and feelings of others, ridiculing, embarrassing, intimidating, frightening campers or volunteers, cursing, ranting and disrupting activities cannot be tolerated. Doing so is grounds for sending the camper home and whenever appropriate, contacting the authorities. Hazing and initiations A.R.E. not permitted.

MORAL BEHAVIOR: Everyone is expected to behave in a morally upstanding way. Immodest clothing, excessive displays of affection and obscene, pornographic, or lewd materials A.R.E. not allowed. Any sexual activity at camp is strictly forbidden. Notify the We A.R.E. Family Summer Camp Staff immediately if there A.R.E. any concerns regarding personal contact or inappropriate behavior with or among camper, volunteer or medical staff participants.

The above policies, as well as rules set forth on the camp premises before and during the camp session, must be adhered to.

I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to me (my child). These things come with certain risks and uncertainties beyond what I (my child) may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself/my child. I realize that no environment is risk-free. I (my child) understand(s) the importance of abiding by We A.R.E. Family Summer Camp Practices and Policies Agreement. I have reviewed these practices and policies (with my child) and they will be obeyed. 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 home at my/our own expense. If I am 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 policies detailed in this contract, as well as those established by the We A.R.E. Family Summer Camp.

Signature of Camper (*ALL campers must sign here*)

Date

I have read (and reviewed with my child – if minor) and agree to abide by the policies detailed in this contract, as well as those established by the We A.R.E. Family Summer Camp.

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

Date

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

Date

SECTION EIGHT * Health Checkup by Physician/Medical Professional**

This section is to be completed by camper's primary care physician or other medical professional familiar with camper's neuromuscular condition and is used to determine if camper is eligible to attend the 2025 We A.R.E. Family Summer Camp program. This evaluation must take place no more than three months just prior to the camp session and more recently if the camper's health so requires.

Camper's Name: _____ Age: _____

Vital Signs: Height: _____ Weight: _____ Pulse: _____

 Resp. Rate (resting): _____ Blood Pressure (Resting, Sitting): _____

General Inspection/Type of Neuromuscular Disease: _____

RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP

Participation in the We A.R.E. Family Summer Camp 2025 program entails residing in a large cabin with 12-14 other people the approximate age and same gender as the camper. The camper will have the option to participate in swimming, boating, tubing, arts and crafts, horseback riding dancing, and singing. All activities A.R.E. adaptive in nature closely monitored by an experienced volunteer staff including 8-10 open water lifeguards and two registered nurses.

A.R.E. there any recommendations or restrictions that you would like the We A.R.E. Family Summer Camp 2025 to follow or abide by during the campers time at the camp? YES NO If "Yes," please note those recommendation or restrictions.

I hereby give permission for the camp medical staff to administer to the camper 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 Enema/MiraLax
Allergy/Congestion/Cold.....	Benadryl/Sudafed		

Print Name of Medical Professional _____

Signature of Medical Professional _____ Date: _____

NOTE TO HEALTH PROVIDER:

1. The above named person wishes to participate as a camper at the We A.R.E. Family Summer Camp 2025 In your medical opinion, is We A.R.E. Family Summer Camp 2025 an appropriate environment for this individual? 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 able to engage in camp activities (i.e., daily physical activity and adaptive sports), except as noted above?**
 YES NO If "No" the camper will be deferred from participating in the We A.R.E. Family Summer Camp 2025 program.

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

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