

CAMPER APPLICATION

Camp 2009, July 21st – July 25th

Camp M*A*S*H is a camp for children who have been diagnosed with any form of arthritis or rheumatic disease. We accept children ages seven to seventeen. **There is no cost to any camper. ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN MONDAY, MAY 11, 2009.**

Camper's Name: _____ Sex: _____ Race: _____ Birth date: _____

Age: _____ Religious Preference: _____ Email _____

Street: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____ Previous Camper No Yes

When: _____

Name of Parent or Guardian: _____

Diagnosis: _____ Date of Diagnosis: _____ Date of Remission, if declared: _____

Camper's Physician: _____ Physician's Phone: _____

Physician's Address: _____

Does camper take medications? __NO__ YES, Has camper had surgery? __NO__ YES?

What limitations on activities does this camper have? _____

EMERGENCY CONTACT: _____ #

(if unable to contact parents or guardian)

PHONE: _____ **RELATIONSHIP:** _____

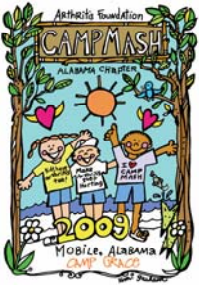
Has the camper/applicant ever been the subject of investigation, prosecution or disciplinary action by any school, church, governmental agency or other organization for sexual misconduct, abuse or other physical or emotional abuse of another person? _____

Camp M*A*S*H seeks to provide a safe, wholesome, family-oriented camp environment for its campers. This environment requires each camper to respect the rights of others, including campers, staff and visitors, and each camper must sign a behavior contract in order to attend Camp M*A*S*H. Failure to comply with the behavioral contract will result in disciplinary action up to and including removal from camp.

The undersigned parent/applicant verifies that the information contained herein is true and accurate, and acknowledges that inaccurate application information is grounds for rejection of this application or revocation of an invitation to attend Camp M*A*S*H

Parent's Signature: **X** _____

Please mail form to: Camp M*A*S*H, 2700 Hwy 280 East, Suite 180, Birmingham, AL 35223
Phone (800)879.7896 Fax (205)979.4172



CONSENT FORM

As the parent or authorized legal guardian of _____ I hereby give permission for my child to attend the 2009 session of Camp M*A*S*H. My child has permission to engage in all camp activities, except as noted by my child's physician or me. Camp activities may include but will not be limited to horseback riding, swimming in a lake, canoeing, skeet shooting, fishing and ropes course.

I do hereby grant full permission and authority to Camp M*A*S*H and its representatives to photograph my child/ward and to use, publish and release for publication, such photos relating to the program of Camp M*A*S*H. Camp M*A*S*H may use the name of the camper, with the understanding that there will be no exploitation of the applicant and that any photographs so used shall conform to standards of good taste.

I do hereby grant **full** permission and authority to Camp M*A*S*H to inspect the personal belongings, luggage etc. of my child/ward if recommended by the camp director or representative.

I also hereby grant the medical staff of Camp M*A*S*H permission to administer routine care and medication to my child/ward, as well as any emergency care that may be required. I understand that in the event of an emergency, I will be notified as soon as possible and I have furnished contact information that will render me, or another designated contact, available 24 hours a day during the week of Camp M*A*S*H.

In consideration for the participation of my child/ward in the Camp M*A*S*H program, I do hereby expressly release and discharge Camp M*A*S*H, its agents, employees, officers, directors, volunteers and any and all other persons involved in the operation and administration of the camp program of and from any and all claims, demands, actions, or causes of action for liability of any kind, character or description, which may arise out of any injury sustained by my child/ward while participating as a camper at Camp M*A*S*H.

Furthermore as the parent or legal guardian of _____ in consideration for the participation of my child/ward in the Camp M*A*S*H program, I agree to release Mr. Davis Pilot of and from any claims, demands, actions or causes of action for liability of any kind, character or description, which may arise out of any injury sustained by my child/ward while on the premises or property of Camp Grace.

Signed: **X** _____ Date: _____

Relationship: **X** _____

Witness: _____

*This authorization form must be signed by parent or legal guardian
and witnessed by someone over the age 21.*

CAMP M*A*S*H BEHAVIOR CONTRACT

We take pride in our camper's behavior and thoughtfulness towards others during the week of M*A*S*H. We have learned that M*A*S*H campers can usually be relied on to put their best foot forward. Due to the nature and length of Camp, each camper's full cooperation and respect for others is especially important.

Please discuss with your child the following rules and the importance of adhering to them during their time as a camper at CAMP M*A*S*H:

1. You are expected to be cooperative with every counselor and staff of CAMP M*A*S*H as well as any visitors.
2. You must listen carefully to the instructions given by all supervising counselors and staff and follow their directions.
3. You must adhere to all the rules of CAMP M*A*S*H. This includes swimming, horseback riding, and all other rules outlined for you. This will make Camp safer and the activities more fun.
4. You may not bring food, cell phones, electronic games, pagers, knives (including pocket knives, nail clippers, etc.), guns, or any unsafe items to Camp.
5. Threat or "claims" of having any unsafe items will be treated as seriously as actual possession.
6. You are expected to behave in a responsible manner throughout Camp.
7. You are never allowed to strike or physically harm anyone at any time during Camp.
8. Words, attitudes and behaviors can be as destructive as physical harm and will be dealt with seriously.
9. You will respect and cause no destruction to the camp property of Camp Grace, operated by Davis Pilot who is gracious enough to let us be his guest and have his camp for a week.
10. Cursing or swearing is not allowed. No smoking, drugs or alcohol at Camp.
11. It is clearly understood by both the CAMP M*A*S*H camper and his/her parent or legal guardian that CAMP M*A*S*H will do their best to deal with any questionable situation responsibly. But we reserve the right to send a camper home immediately if it is felt that the incident warrants it.
12. CAMP M*A*S*H participation by a camper is contingent upon the 24 hour availability of either the parent, legal guardian or emergency contact listed on the camper application to immediately pick up the designated camper if requested by CAMP M*A*S*H in the event of an emergency. Reasons for this might include discipline, medical, weather, or other urgent situations rendering the need for the camper to return home immediately.

**I understand and agree to these rules.
Please sign and return with application.**

CAMPER

PARENT OR LEGAL GUARDIAN

Dear Parent,

Please fill out the immunization history below and return with the camp application and behavior form.

Camper Name: _____

Please indicate if camper is up to date on the following immunizations:

- Polio Series
- Tetanus Booster
- TB Test or Chest X-Ray
- Mumps
- DPT Series
- Measles

Patient's Signature: _____ Date: _____

Please Return to: Camp M*A*S*H
2700 Hwy 280 East, Suite 180
Birmingham, AL 35223
Phone (800)879.7896 Fax (205)979.4172

CAMP M*A*S*H

Medical Information Release Form

To Whom It May Concern:

My child _____ has applied to attend Camp M*A*S*H for the week of July 21-July 25, 2009. The undersigned hereby authorizes **ANY AND ALL MEDICAL PROVIDERS** of my child to disclose any and all requested medical information to Camp M*A*S*H in order that my child may attend Camp.

This authorization for disclosure is for the purpose of my child attending Camp M*A*S*H. This authorization is for a complete copy of all health records of the above referenced patient that are necessary for my child to attend Camp.

The undersigned understands that to the extent medical records include information relating to a sexually transmitted disease (STD), acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), the same may be disclosed. The undersigned also understands that to the extent medical records include information about behavioral or mental health services and treatment for alcohol and drug abuse, the same may be disclosed.

The undersigned understands that he/she has a right to revoke this authorization to disclose medical records at any time. The undersigned understands that if he/she revokes this authorization, it must do so in writing to the medical provider, except to the extent that action or disclosure has already been taken in reliance on this authorization.

The undersigned is aware of the potential for an unauthorized re-disclosure of the above referenced health records in a manner that may not be protected by federal privacy rules.

A photocopy of this authorization shall be considered as effective and valid in place of an original. This authorization will remain in effect until the end of Camp M*A*S*H in the above-referenced year.

I understand that the referenced medical providers will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits, as applicable, on the provision of an authorization for the requested use and disclosure my child's medical records. I understand that I may refuse to sign this authorization, and do so authorize release of my child's medical records by my own free will. The undersigned understands that he/she may inspect or copy the above referenced health records to be used or disclosed in accordance with 45 CFR 164.524.

I have carefully read and understand the above, and give my express and voluntary authorization to disclose the above referenced health records to Camp M*A*S*H.

(Date)

Signature of Parent or Legal Guardian

STOP

DID YOU:

- Fill out and sign the Application form?
- Read, put your camper's name in, sign, have a witness sign your Consent form, (*anyone over 21 can witness Consent form*)?
- Fill out and sign the immunization form?
- Read with your camper and both sign the Behavior contract?
- Sign the Medical Information Release form?

Please send a current picture of your camper and the forms listed above to Camp M*A*S*H, Mobile, AL 36606!!!!

If you did these things then:

GO