

“Every Eye Sees the Same Thing Differently” Support the Visually Impaired

CAM’s Vision 2K23 Summer Camp CAMPER REGISTRATION

Child’s Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

School: _____ Grade: _____

Shirt Size: (please circle) **Youth:** SMALL MEDIUM LARGE XL
Adult: SMALL MEDIUM LARGE XL XXL

Parent’s Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone No.: _____

Name of Parent/Guardian authorized to pick up camper: _____ Phone: _____

Name of Sibling/Friend/Family member attending camp along with their visually impaired camper? _____
(If accompanying camper is listed above, please complete a camper registration for that camper)

2K23 Camp Swimming Information:

We will have some water activities this summer and want to ensure your child’s safety. There will be certified water safety instructors onsite. Please check which category best applies to your child.

Circle choice(s) that apply: **Has never been in a pool/Has never been in a lake.**

___ **Pre-beginner** - enters the water hesitantly or not at all, clings to wall or caregiver, does not put face in water, does not take feet off the ground.

___ **Beginner** - puts face in water hesitantly or when urged, moves away from the wall and plays, attempts to swim.

___ **Advanced Beginner** - swims underwater, can roll from front to back, can swim short distances above water with face in, takes a breath occasionally and resumes swimming without standing up.

___ **Intermediate** - can swim about 25 yards without stopping, does rhythmic breathing to side but needs to work on it, not afraid of the deep end.

___ **Swimmer** - can swim front and back with good but not perfect form for at least 50 yards, can tread water 3 minutes in deep end, comfortable in deep water.

___ I accept ___ I decline for my child to participate in water activities.

Name of Camper/Age: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Full Name: _____

CAM's 2K23 Camper Medical Release Form

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. To avoid any unnecessary delay, this medical release form must be completed and signed. This form is mandatory for a child to participate in this program.

Name: _____
SSN: _____
DOB: _____
Ins. Co: _____
Policy #: _____
Member#: _____
Doctor: _____
Dr. Phone : _____

Primary Contact in Case of Emergency

Name: _____
Phone/Cell: _____
Relationship: _____

Secondary Contact in Case of Emergency

Name: _____
Phone/Cell: _____
Relationship: _____

Medical Questionnaire

Latex Allergy: Yes No
Food Allergy: Yes No
What foods?

Insect Allergy: Yes No
Asthma: Yes No
Inhaler? Yes No
Can child use inhaler independently? Yes No
Heart defect/ disease, high blood pressure: Yes No
Diabetes: Yes No
Seizures/Epilepsy/Fainting Spells: Yes No
Date of last seizure:

Does your child have a shunt? Yes No

Medical History

Medical History: _____

Allergies : _____
Last tetanus : _____
Glasses/Contacts : _____
Medications: _____

Description of visual impairment and acuity: _____

Additional Information

Any medical and/or safety concerns: _____

Special Needs or Tips (Please provide information needed to facilitate a successful camp experience for your child): _____

Medical Release

In case of injury or illness, CAM's Vision Foundation is authorized to provide or obtain emergency medical care for my child to include providing emergency transportation. I agree to bear all costs of emergency services provided to my child. I have read and agree to this release.

Signature _____

Date

Printed Name

Photo and Media Release

Photography Release: In consideration of my child's participation with the CAM's Vision Foundation Summer Camp, and without any further consideration from CAM's Vision Foundation, I hereby grant permission to CAM's Vision staff and affiliates to utilize my child's appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. CAM's Vision Foundation may use my child's, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept I decline photography release for my child

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge CAM's Vision Foundation, its trustees, officers, employees, volunteers, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in Summer Camp. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on CAM's Vision Foundation, or any of its trustees, officers, employees, volunteers, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with CAM's Vision Summer Camp, including other campers. I further agree that if any such claim is made, I will indemnify and defend the CAM's Vision Foundation with respect to any such claim, injury or damage.

Name of Camper/Age:

Signature of Parent/Legal Guardian:

Date: _____

Parent/Legal Guardian Full Name:

The CAM's Vision 2K23 Camp will offer a variety of opportunities this summer with an expanded schedule as follows:

2K23 Full Week Summer Camp June 26 - 30: Mason Creek Elem - Douglasville, GA

The cost of camp for the full week of programming June 26 – 30 is **\$50.00** per camper to be held at:

Mason Creek Elementary School
3400 Johnston Rd.
Winston, GA. 30187
8:30am – 3:30pm daily

*Breakfast, Lunch and Snack provided daily.
Students will enjoy 5 inclusive days of adaptive activities to include: games, arts and crafts, braille literacy skills, team building activities, competitive blind sports and more. This camp experience will provide meaningful experiences, forge ongoing friendships, while sharpening skills*

*4 optional **Community Excursions** are available with an additional participation cost not to exceed \$50.00 total. (Each event can be individually priced. and we encourage campers to join)*

***Community Excursion June 3: 2023 USABA
Southeast Goalball Regional Tournament,
Smyrna, GA***

***Community Excursion June 10: Day Hike, GA
State Park***

***Community Excursion July-TBA: Atlanta Braves
Baseball Game, Truist Park, GA***

***Community Excursion July 22-July 23: Family
Campout at Sweetwater Creek State Park, GA***

Registration deadline May 30, 2023