CAMP BE A FRIEND APPLICATION
TYPICALLY DEVELOPING CHILD

Last Name:_____ First Name:_____

Age:_____ Date of Birth:_____ Please Circle: Male/Female Attended CBAF Before: Yes/No

Parent/Guardian Names:_____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Parent/Guardian 1 Daytime Phone:_____

Parent/Guardian 2 Daytime Phone:_____

Additional Emergency Contact Information

Name:_____ Relationship to camper:_____

Phone Number:_____

Payment Enclosed ($125): Check #_____ Amount:_____

*Additional children from the same family will be $75 each

Transportation

We will offer transportation to and from Eisenhower school's lower parking lot on a daily basis. This service is based on your specific need and priority will be granted to children on the autism spectrum. We will communicate via email regarding transportation.

_____ Yes, I am interested in receiving more information

_____ No, there is no need at this time, space can be granted to others in need

Medical Care, Medications and Allergies

Hospital Preference:_____ Doctor Preference:_____

Insurance Company:_____ Policy #:_____

Medications- Does your child have a medical condition for which he or she needs to take medications during camp? Yes/No

If yes, please list condition and medication/dosage:_____

*We ask that you send the medication and instructions as to how you would like it administered. An on-site nurse will be administering medications to your child as directed.

Allergies: _____

How may we assist your child in the event of an allergic reaction:_____

Consent of Parent/Legal Guardian

I hereby give my permission for my child/teen/self _____ to attend Camp Albrecht Acres of the Midwest 14837 Sherrill Road, Sherrill, Iowa 52073. I hereby agree not to send my camper to camp if he/she has been exposed to a communicable or contagious disease within three weeks of the date they are to attend camp, and I will give notification to the camp regarding the condition immediately. **(Initials)_____**

I hereby give medical personnel at Camp Albrecht Acres of the Midwest permission to dispense medication, both prescription and non-prescription to my camper. I hereby give permission to the medical or dental personnel selected by Camp Albrecht Acres of the Midwest to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to services. **(Initials)_____**

I understand every attempt to contact me or my designee in the event of illness or emergency will be made by Camp personnel. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp staff to secure and administer treatment, including hospitalization, for the camper. **(Initials)_____**

This form may be copied for trips out of camp. I hereby release Camp Albrecht Acres of the Midwest, it's Board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from the use of Camp Albrecht Acres of the Midwest, both natural and manmade. I further assume full responsibility for any personal injury of any description sustained during said camper's voluntary participation in camp activities. I will not hold Camp Albrecht Acres of the Midwest responsible for any damage to or loss of said camper's voluntary participation in camp activities. I will not hold Camp Albrecht Acres of the Midwest strives to safeguard the health and safety of all campers and those precautions are taken to ensure their health, safety and well being. I also further understand that camper's medical and/or behavioral challenges, as determined by the camp's medical personnel, may result in the camp's inability to serve the camper and may result in the camper being sent home. I hereby give permission to transport my camper to activities held outside of campgrounds. **(Initials)_____**

I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPPA) form from the Camp Albrecht Acres of the Midwest. According to Iowa Administrative Code 44179.9(4): Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided. **(Initials)_____**

I hereby give consent for Camp Albrecht Acres of the Midwest to use photographs of me/my camper for the promotion of the camp. **(Initials)_____**

Please note: If camper is sent home for any reason or fails to attend the entire week the payment will not be refunded.

Signature of Legal Guardian:_____ **Date**: _____