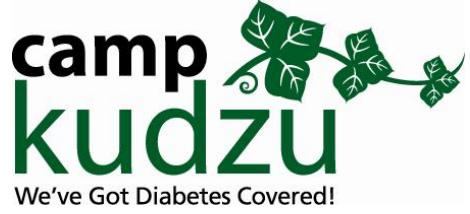


# Camper Registration Form

## Campers Attending Sessions at Camp Twin Lakes



**Directions:** Section A-J must be completed and signed by a parent/guardian. Section K is to be completed/signed by a licensed physician. This form is to be completed in its entirety and returned to the Camp Kudzu Office.

***Campers who fail to return this form prior to the deadline will not be allowed to attend camp!!!***

### SECTION A: CAMPER INFORMATION

Camper/CIT Last Name	First Name	Nickname for Nametag	
Address		Camp Session	
City/State/Zip		T-shirt size (check one): <b>Youth</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	
Home Phone		Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
I/We prefer to receive Camp Kudzu communication through (check one): <input type="checkbox"/> Email <input type="checkbox"/> US Mail			

Last Name of Parent/Guardian #1 living at the SAME address as above:		First Name	
Title (please check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Relationship to Camper	Email Address
Home Phone	Work Phone	Cell Phone	
Last Name of Parent/Guardian #2 living at the SAME address as above:		First Name	
Title (please check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Relationship to Camper	Email Address
Home Phone	Work Phone	Cell Phone	

Camper Name
-------------

**SECTION B: PARENT/GUARDIAN INFORMATION, CONTINUED**

If applicable, provide contact information for the camper's other parent or legal guardian.

Last Name of Parent/Guardian if child doesn't live with both parents		First Name	
Title (please check one): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Relationship to Camper	Email Address
Home Phone	Work Phone	Cell Phone	
Address			Email Address
City/State/Zip			County

**SECTION C: EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)**

In Emergency Notify (list name here)		Relationship to Camper
Work Phone	Cell Phone	Home Phone
City/State/Zip		

**SECTION C: SECOND EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)**

In Emergency Notify (list name here)		Relationship to Camper
Work Phone	Cell Phone	Home Phone
City/State/Zip		

**SECTION D: PHYSICIAN & INSURANCE INFORMATION**

Endocrinologist Name	Phone
Pediatrician Name	Phone
Medical Insurance Company	Policy/Group Number
Policyholder/Subscriber Name	Member ID

Camper Name

## **SECTION E: CAMPER NEEDS**

This information will be shared with your child's counselors and clinicians. Please attach additional paper as needed.

Is there anything we should know about your child that will make his/her adjustment to camp smoother?

Is your child able to function at his/her age level:  Yes  No

Describe:

Please describe any unusual bedtime or sleep habits. For instance, does your child wet his/her bed?  
If so, does camper wear "Goodnights" or similar underwear to sleep?

Does your child have any serious fears?  Yes  No

If so, please describe:

List any physical restrictions or activity limitations (e.g., vision or hearing loss, no swimming, etc):

Has your child had a significant life event that continues to affect his/her behavior (tough school year, family structure change, family move, history of abuse, birth of a sibling, death of a loved one, traumatic event, adoption, etc.) If so, please describe:

Please indicate any further information about your child's medical, physical, or emotional needs that you feel we should know:

**SECTION F: CAMPER INFORMATION AND CONSENT FORM**

As parent/guardian of \_\_\_\_\_ (“Camper”), and as a condition of and as consideration for Camper’s participation in with Camp Kudzu, Inc. (“Camp Kudzu”), the parent/legal guardian of each camper is required to sign on behalf of parent/guardian and Camper this consent form (“Consent Form”) in the space provided below indicating acknowledgment and agreement with the following:

**1. WAIVER OF LIABILITY.** Camper and I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or Camper may have, or which may hereafter accrue to me, as a result of my child’s participation in Camp Kudzu’s activities. This release is intended to discharge in advance Camp Kudzu and all of its agents, representatives, officers, directors, volunteers, employees, successors, and assigns (“Kudzu Personnel”) from any and all liability, losses, claims, costs, expenses and/or damages (collectively, “Liability”) arising out of or connected in any way with my child’s participation in the activities of Camp Kudzu, even though that Liability may arise out of negligence on the part of Kudzu Personnel.

I further understand that Camp Kudzu activities require physical exertion and such activities carry inherent risks, and that participants in such activities may sustain serious personal injuries and/or property damage as a consequence of such participation. Knowing the risks of Camp Kudzu activities, I hereby agree to assume those risks and to release, indemnify, defend, and hold harmless all of the Kudzu Personnel who might otherwise be liable to Camper or to me (or our heirs or assigns) for damages.

I further agree to indemnify, defend, and hold harmless Camp Kudzu and all Kudzu Personnel in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of Camper as a result of Camper’s participation in Camp Kudzu’s activities.

IN NO EVENT SHALL CAMP KUDZU OR KUDZU PERSONNEL BE LIABLE TO CAMPER OR ANY INDIVIDUAL OR ENTITY FOR ANY UNFORESEEABLE, INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL OR SPECIAL DAMAGES, INCLUDING WITHOUT LIMITATION, ANY LOSS OF REVENUES OR LOSS OF PROFITS.

**2. CAMPER PROPERTY.** Camper is responsible for all of his/her property, and Camp Kudzu accepts no responsibility for the loss, damage or theft of Camper’s property. Camper will not bring personal sports equipment, pets of any kind or valuables including electronics or personal vehicles to Camp Kudzu. Nor will s/he be in possession of alcohol, other drugs or weapons.

**3. CONTACT INFORMATION.** You agree to advise Kudzu Personnel where you can be contacted in the event of an emergency. As parent/guardian of Camper, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times.

**4. INSURANCE.** Camp Kudzu maintains an accident insurance policy on campers attending its programs. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance you maintain.

**5. CONSENT TO MEDICAL CARE.** In case of medical and/or surgical emergency, you authorize Camp Kudzu’s staff to render to Camper and to arrange for Camper to receive medical care, including but not limited to any X-rays, anesthetic, medical, dental, surgical diagnosis, blood transfusions, treatment and hospital care which is deemed advisable by and is rendered under, the supervision of any physician, dentist, surgeon or other medical provider licensed to practice in the state of Georgia. Camp Kudzu will not be financially responsible for any costs or expenses associated with any medical treatments.

**6. CONSENT TO TRANSPORTATION.** I authorize Camper to participate in group transportation, including by bus, as arranged by Camp Kudzu Personnel when such transportation will facilitate Camper’s participation in Camp Kudzu events.

**7. CAMP RULES.** I understand and agree that if Camper fails to comply with Camp Kudzu rules, Camp Kudzu may call me, and Camper may be sent home from Camp Kudzu.

**8. PUBLICITY.** I understand that during the course of Camper’s participation in Camp Kudzu activities, Camper may have his/her quote, statement, attribution, picture, portrait, photograph, image, or likeness recorded (“Material”), and Camper and I hereby grant to Camp Kudzu and Kudzu Personnel the world-wide, perpetual, and irrevocable right to use Material whether created by Kudzu Personnel or media outlets, in any and all forms and in any and all media, now known or hereafter created, and in all manners, without

any restriction as to changes or alterations (including, but not limited to, composite, altered, modified, or distorted representations or derivative works made in any medium) for marketing advertising, trade, promotion, exhibition, or any other reasonable purposes, and I waive any right to inspect or approve the Material or finished version(s) incorporating the Material, including any written copy that may be created and appear in connection therewith. I acknowledge that the Material may be published, distributed, disseminated, or displayed through electronic means, including, but not limited to, email and Internet websites; however, nothing in this Consent Form requires Camp Kudzu to use or publish any Material.

Camper and I hereby irrevocably and unconditionally assign all right, title, and interest in and to such Material, including, but not limited to, any intellectual property rights in the Material, to Camp Kudzu. I hereby waive any moral rights I may have with respect to any Material, and any claims I may have based on any usage of the Material, including, but not limited to, claims for copyright infringement, right of publicity, public disclosure of private embarrassing facts, invasion of privacy, right of privacy, defamation, or libel. I agree to execute such further documents and instruments as Camp Kudzu may request to effectuate the terms and intentions of this release, and in the event I fail or am unable to execute any such documents or instruments, I agree to subsequently execute and deliver said documents if said documents and instruments are not inconsistent with the terms and conditions of this release.

**9. NO WAIVER.** No provision of this Consent Form shall be deemed waived and no breach shall be deemed excused unless such waiver or consent shall be in writing and signed by a duly authorized representative of Camp Kudzu. No consent by Camp Kudzu to, or waiver of, a breach by Camper, whether express or implied, shall constitute a consent to, waiver of, or excuse for any different or subsequent breach.

**10. PERMISSION.** I expressly permit Camper to engage in all prescribed camp activities, except as noted by me in writing and the examining physician.

**11. SEVERABILITY.** Should any portion of this Consent Form be deemed to be unenforceable or contrary to public policy, the remaining portions of this Consent Form shall survive and be enforceable.

**12. COMPLIANCE WITH LAWS.** Camper agrees to comply with all applicable federal, state, county and local laws, ordinances, regulations and codes while participating in Camp Kudzu activities.

**13. JURISDICTION AND VENUE.** This Consent Form shall be governed by, subject to, and construed in all respects in accordance with the laws of the State of Georgia. The parties agree that any lawsuit or other legal claim or action shall be filed in either the Superior Court of Fulton County, Atlanta, Georgia, or in the Federal District Court, Northern District of Georgia.

**14. ENTIRE AGREEMENT.** This Consent Form contains the entire agreement of the parties and there are no oral or written representations, understandings or agreements between the parties respecting the subject matter hereof that are not fully expressed herein. This Consent Form may be modified only by a written amendment executed by the parties.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**EXHIBIT "A"**

**CAMP TWIN LAKES, INC.  
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification, And Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes; provided that the preceding release shall not apply to any loss, claim, cost, damages or expense of any kind proximately caused by CTL's negligence or willful misconduct. I understand and certify that my/my child's/my ward's participation in \_\_\_\_\_ ("Partnering Organization") and its activities at Camp Twin Lakes is completely voluntary, and I have familiarized myself with Partnering Organization's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Partnering Organization's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Partnering Organization's camp at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is proximately caused by the negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in the activities at Camp Twin Lakes. I further agree to inform Partnering Organization of any activities in which I/my child/my ward is not to participate.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.**

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Minor Child or Ward (if applicable):** \_\_\_\_\_

**EXHIBIT "B"**

**CAMP TWIN LAKES, INC.  
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of my/my child's/my ward's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor Child or Ward: \_\_\_\_\_

Camper Name

## SECTION G: HEALTH HISTORY

### Allergies – List All Known

Medication Allergies

Describe Reaction and Management of Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies

Describe Reaction and Management of Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies (insect stings, animal dander, latex, etc)

Describe Reaction and Management of Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dietary Considerations

Please share with us food considerations about your camper

- Celiac       Kosher       Lactose Intolerant  
 Vegetarian       Vegan       Other

If you checked "Other" please explain: \_\_\_\_\_

**Medications** - Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

My child takes no medication (except for insulin) on a routine basis

My child takes the following medication on a routine basis

1. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_ Reason for Taking \_\_\_\_\_

2. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_ Reason for Taking \_\_\_\_\_

3. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_ Reason for Taking \_\_\_\_\_

4. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that your camper does/may not take during the summer: \_\_\_\_\_  
\_\_\_\_\_

Camper Name

**General Questions** - If "yes", please indicate the question number and details in the space provided below

- |  |        |  |        |
|--|--------|--|--------|
| 1. Had any recent injury or infectious disease?    | YES NO | 18. Ever had high blood pressure?                      | YES NO |
| 2. Have a chronic illness other than diabetes?     | YES NO | 19. Ever been diagnosed with a heart murmur?           | YES NO |
| 3. Been hospitalized in the last 18 months?        | YES NO | 20. Ever had back problems?                            | YES NO |
| 4. Had surgery in the last 18 months?              | YES NO | 21. Ever had problems with joints?                     | YES NO |
| 5. Have frequent headaches?                        | YES NO | 22. Have any skin problems? (itching, rash, acne)      | YES NO |
| 6. Ever had a head injury?                         | YES NO | 23. Have asthma?                                       | YES NO |
| 7. Ever been knocked unconscious?                  | YES NO | 24. Has mononucleosis in the past 12 months?           | YES NO |
| 8. Wear glasses, contacts, or protective eye wear? | YES NO | 25. Had the chicken pox?                               | YES NO |
| 9. Ever passed out during or after exercise?       | YES NO | 26. If female, menstruated?                            | YES NO |
| 10. Ever been dizzy during or after exercise?      | YES NO | 27. Have problems with periods/ menstruation           | YES NO |
| 11. Ever had seizures?                             | YES NO | 28. Traveled outside the country in the past 9 months? | YES NO |
| 12. Ever had chest pain during or after exercise?  | YES NO |  |        |
| 13. Have a history of recurrent staph infections?  | YES NO |  |        |
| 14. Ever had frequent ear infections?              | YES NO |  |        |
| 15. Have an orthodontic appliance?                 | YES NO |  |        |
| 16. Have a history of bedwetting?                  | YES NO |  |        |
| 17. Have ADD/ADHD?                                 | YES NO |  |        |

Please provide further details for any "yes" answers, noting the number of the questions (for instance: #6 bumped his head last April on kitchen door)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List dates and nature of operations or serious injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child received any psychological or psychiatric counseling? If yes, please explain: \_\_\_\_\_

**Restrictions**

Camp Kudzu offers a huge variety of programs... Activities vary from site to site, year to year, weather, staff available, but typically the following activities are offered:

- |                   |               |                 |   |
|-------------------|---------------|-----------------|---|
| Horseback riding  | Climbing Wall | Newspaper       | + Same activities may NOT be available at all sessions of camp. |
| Water skiing      | Tennis        | Videography*    |   |
| Mountain biking   | Swimming      | Fishing         | *Activity available only at Camp Barney Medintz session         |
| Arts and crafts   | Archery       | Woodworking     |   |
| Canoeing          | Basketball    | Iceberg*        |   |
| Kayaking          | Soccer        | Blob*           |   |
| High Ropes Course | Softball      | Water Luge*     |   |
| Zip Line          | Cooking       | Log Roll*       |   |
| Martial Arts      |               | Miniature Golf+ |   |

Camper Name

- I have reviewed the program and activities of Camp Kudzu listed above and feel that my camper can participate without restrictions.
- I have reviewed the program and activities of Camp Kudzu listed above and feel that my camper can participate with the following restrictions or adaptations:

\_\_\_\_\_

Please indicate any further information about your child's medical, physical or emotional needs that you feel we should know: \_\_\_\_\_

\_\_\_\_\_

**SECTION H: IMMUNIZATION HISTORY**

Please submit a copy of your camper's Georgia Department of Human Resources Certificate of Immunization (Form 3231) or the physician's immunization record. This form is available from your child's pediatrician or from your child's school.

Last Tetanus Booster Year \_\_\_\_\_

If your camper has not been fully immunized, please contact the Camp Kudzu Medical Director.

Camper Name

**SECTION I: DIABETES INFORMATION**

Date diabetes diagnosed	Most recent A1C Result and date	
History of ketoacidosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of episodes this year?	
Number of diabetes related hospitalizations this past year	Reasons	
History of hypoglycemia requiring medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
History of seizures with hypoglycemia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of episodes this past year?	Time of day?

**Injections**

Insulin type (check all that apply)		
<input type="checkbox"/> NPH <input type="checkbox"/> Lantus (Glargine)	<input type="checkbox"/> Levemir (Detemir)	<input type="checkbox"/> 70/30 mix <input type="checkbox"/> Other _____
<input type="checkbox"/> Regular <input type="checkbox"/> Humalog	<input type="checkbox"/> Novolog	<input type="checkbox"/> Apidra
Insulin Brand (please check)	Do you use an insulin pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lilly <input type="checkbox"/> Novo <input type="checkbox"/> Aventis		

**Pump**

Brand/Model Number	Serial Number	Insulin Type
--------------------	---------------	--------------

**Does the Camper? (check all that apply)**

<ul style="list-style-type: none"><li><input type="checkbox"/> Draw up insulin</li><li><input type="checkbox"/> Rotate injection site</li><li><input type="checkbox"/> Give own injections</li><li><input type="checkbox"/> Count carbohydrates</li><li><input type="checkbox"/> Test blood sugar</li><li><input type="checkbox"/> Test ketones</li><li><input type="checkbox"/> Change pump site</li><li><input type="checkbox"/> Recognize own Low Blood sugar</li><li><input type="checkbox"/> Recognize own High Blood sugar</li></ul>	New skills camper wants to learn:
--	-----------------------------------

# Signature Form - Summer 2010

## **SECTION J: Parent/Guardian Authorization**

The Camper Information and Health History is correct and complete as far as I know. The person herein described has permission to engage in both the physical and educational activities of camp except as noted in the restriction area.

Camper/CIT Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **SECTION K: Signed Health Exam**

**This portion to be completed by a licensed health care provider (endocrinologist, pediatrician, nurse practitioner or physician assistant).**

I examined the above named camper on \_\_\_\_\_ (date).

Please check all that apply:

- In my opinion the camper is physically and emotionally able to participate in an active camp program with *no restrictions or modifications*.
- In my opinion the camper is physically and emotionally able to participate in an active camp program *with the following modifications or restrictions:* \_\_\_\_\_  
\_\_\_\_\_

- The applicant is being treated for the following condition(s) other than diabetes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's full name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If completed by nurse practitioner or PA please sign and date:*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Camp Kudzu  
577 Concord Road SE, Suite B  
Smyrna, GA 30082  
FAX 404.250.1812