



# Camp OAKS 2023 Registration Application

(Complete one application per child)

## Child Information

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ Birth Date\* \_\_\_\_\_

Gender\* \_\_\_\_\_ Ethnicity\* \_\_\_\_\_ Photo Release\* Yes \_\_\_ No \_\_\_

What is child's first language? \_\_\_\_\_

Grade Spring 2023\* \_\_\_\_\_ School Fall 2023\* \_\_\_\_\_

How did you hear about **Camp OAKS**?\* \_\_\_\_\_

Does your child require an EpiPen®?\* Yes \_\_\_ No \_\_\_

Allergies, prescribed medications, and/or special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list allergies \_\_\_\_\_

List prescribed medications \_\_\_\_\_

List medical conditions affecting camp participation \_\_\_\_\_

**NOTE:** Contact Community Health Action Center at 256-726-7777 for additional guidance.

## Alternate Child Pickup Personnel/Transporter (besides parent/guardian listed below):

Name	Relationship	Phone
_____	_____	_____

## Parent/Guardian Information

First Name\*\* \_\_\_\_\_ Last Name\*\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Email\*\* \_\_\_\_\_

Address\* \_\_\_\_\_ (No PO Boxes please)

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Church Membership \_\_\_\_\_

Is the family income below \$27,000 a year? \_\_\_ Yes \_\_\_ No



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Does any member of your family support the Department of Defense (current or historical, active or retired: reserve, branches of the military, etcetera)? \_\_\_ Yes \_\_\_ No

### Camp Registration

Which weeks of Camp Oaks are you registering your child for? Select

ALL FOUR WEEKS	\$1000.00
June 5-9, 2023	\$250.00
June 12-16, 2023	\$250.00
June 19-23, 2023	\$250.00
June 26-29, 2023	\$250.00

### Terms & Conditions

**Behavior Policy:** To ensure a safe and fun environment for all, children are expected to behave in an acceptable manner and use appropriate language at all times. It is important to remember that there are no refunds if a child is asked to leave the program due to unacceptable behavior.

**Lunch Policy:** Each child is expected to bring their lunch, refillable water bottle and snacks each day to camp. Meals will not be provided.

**Children will not be allowed to bring backpacks, tablets, phones or other items to camp.**

**Emergency Treatment Authorization:** You hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of your child, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort, if delayed.

Permission is granted to the attending physician to proceed with any examination, diagnosis and medical or minor surgical or other treatment. In the event of the medical emergency you understand that every attempt will be made by the attending physician to contact you in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach you.

Permission is also granted to the Community Health Action Center and its affiliates to provide emergency treatment prior to the child's admission to the medical facility. This release is authorized and executed of your own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in your absence.

**Liability Waiver:** On your own behalf, and as parent or guardian, you acknowledge and agree that there is the possibility of physical injury or loss associated with your child's participation in the program and hereby release and discharge the Community Health Action Center, its affiliated organizations, employees and associated personnel including the owners of the



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program facility against any and all claims, liabilities and/or damages as a result of your child's participation in the program.

**Photo Release:** You authorize the Community Health Action Center to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of your child for public relations, marketing/advertising and/or internal training purposes.

**Pick-up Policy:** To ensure a safe and fun environment for all, children are expected to be picked up at the close of camp each day by the designated Parent/Guardian or Alternate Transportation. Children will not be released to other parties. Failure to pick up a child in a timely manner may result in a child being dismissed from the program.

**Confirmation** By registering your child you are certifying that you have read and agree to the Terms & Conditions of the program.

Parent/Legal Guardian Name\*: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent Signature/Legal Guardian\* \_\_\_\_\_ Date\* \_\_\_\_\_