14th Annual Camp Transition 16-22/ Adult 22+





General Information Participant Name Birth Date School Attending Grade Age Participant Email Address (Camper 16+ if available - not required) Participant Cell Phone # During school, does your camper have a one-on-one aide? During school, does your camper require the regular care of a nurse? Yes (No Is your camper toilet trained? Parent/Guardian Information / Self Mother/Guardian's Name Zip Code Cell Phone Address City Fathers/Guardian's Name Zip Code Cell Phone Address City Home Phone Number Guardian Email Address **Physician Information** Name of Primary Care Physician Address Phone Name of Specialist Address Phone Name of Dentist Address Phone **Emergency Information** If we cannot locate a parent/legal guardian in an emergency, please list two people that we can contact that can authorize any emergency treatment for your dependent. Insurance information helps facilitate the billing in your absence. Please provide us with your Insurance information in the event of an emergency. **Authorized Name** Relationship Daytime Phone(s) Daytime Phone(s) **Authorized Name** Relationship Name of Person with Insurance Benefits Name of Insurance Provider Policy/Group Number **Dietary, Medications & Illnesses** Medications, dietary restrictions, allergies and chronic illnesses must be disclosed on application: Medications:

Dietary, Medications & Illnesses

Medications, dietary restrictions, allergies and chronic illnesses must be disclosed on application:

Medications:

Dosage/Schedule:

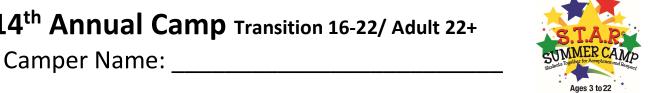
Reason for Medication:

Chronic Illness:

Dietary Restrictions:

Camper Name:				
Allergies Food Allergies (describe allergy what happens):				
Medication Allergies (describe allergy what happen	s):			
Other Allergies (describe allergy what happens): _				
Emergency Response Information How does your child communicate? (please describ	ne)			
Would the child be able to communicate his name,	address, and telephone number in h	nigh stress situation?		
Does the child have an accurate sense of danger? Does the child have any other medical conditions o				
Please describe anything that might be helpful to en	mergency personnel (police, fire, EN			
Emergency Form Signature				
In the event of any emergency, I authorize contact treatment from any licensed hospital, physician and immediate care and agree that I will be responsible	d/or medical personnel any treatmen	nt deemed necessary fo		
I certify that I am the parent or legal guardian of pa release of medical information and/or emergency r reservation to all activities provided for herein.	rticipant name below; i have read ar	nd fully understand the		
Parent/Legal Guardian Printed Name	Parent/Legal Guardi	an Signature	Date	
Authorized Pick Up Information Should your participant become ill during Camp, player from the Program. Please remember to include your presented to the Camp Staff before your minor par not listed on the Authorization Form.	ease list four people who you would irself, spouse, family members, etc.	Please note that a phot	o ID must be	
Authorized Name	Relationship	elationship Daytime Phone(s)		
Authorized Name	Relationship	Daytime Phone(s)		

14th Annual Camp Transition 16-22/ Adult 22+



			* Ages 3 to 22 **	
Enrollment: (Please	select the ses	ssions your camper will atte	end):	
○ Transition 16-22:	Age 16-22	July 24–28, 2023	8:30 AM – 1:30 pm	
○ Adult 22+:	Age 16+	July 24–28, 2023	8:30 AM – 1:30 pm	
Additional Fees: Additional fees may	apply if addit	ional staff is needed to sup	pport camper.	
Payment				
County Board of Dev	elopmental Di	<u>mp)</u> ○ NEON Funding ○ sability (attach Approval foed Approval form - Transit	orm)	
T-shirt Size: OAdult	○ Child	Select One: ○ XS ○ S ○ I	M	
	ons? Please co	ntact the age appropriate	pers IEP MUST be included with camp director listed below or	1

Photograph/Video Release:

I hereby consent to the S.T.A.R Camp and The City of Independence to reproduce photographs or videos of my child for publicity or advertising purposes.

Notice on Medication:

Please be aware that medication CANNOT be administered at STAR camp.

Waiver & Release of Claims

It is expressly agreed that all use of the City of Independence, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence in conjunction with S.T.A.R. Camp including its board members, sponsors, employees, independent contractors, teachers and student aides shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence, S.T.A.R Camp, its board members, sponsors, employees, independent contractors, teachers and student aides shall not be liable for injuries or any damages to me, or my child, or my legal ward, or to any of my property, or my child's property, or my legal ward's property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, their employees, agents, representatives, officials, or Board Members in conjunction with S.T.A.R Camp, its board members, sponsors, employees, independent contractors, teachers and student aides. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release discharge the City of Independence, their employees, officials, agents, board members, assigns and or successors, S.T.A.R Camp, including its board members, sponsors, employees, independent contractors, teachers and student aides assigns and or successors from all such claims, demands, injuries, damages, actions or cause of actions whatsoever.

The undersigned further expressly agree(s) that the foregoing WAIVER & RELEASE OF CLAIMS is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, shall survive the observation, use or participation of the facilities, programs vehicles and equipment by the child/person attending listed below, and that if any provision of this release form, or portion thereof, is held invalid or unenforceable, it is agreed that the balance shall continue in full force and effect.

Enrollment Form Signature

I certify that I am the parent or legal guardian of the attending child/person named above; that I have read and fully understand this Waiver & Release of Claims, and do hereby consent voluntarily and without reservation to its terms.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Send completed information with the IEP and Camp Registration Fee by June 1, 2023 to:

S.T.A.R. Camp, P.O. Box 41066 Brecksville, OH 44141 Or email to: starsummercamp2021@gmail.com