

# Camp Carpe Diem Application

Dear Camp Carpe Diem Family:

Congratulations and welcome to Camp Carpe Diem 2014 to be held June 26<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup>! We are very excited about the ninth year of camp and have planned some exciting things for you.

We are enclosing a number of forms for you, your child, and your physician to complete. **Every form must be completed, signed, and returned to Uinta County School District #4 by June 1, 2014!** **New this year, there will be a \$10 registration fee that is refundable when the camper arrives to camp.** We recommend that each family complete their forms and return them to us as soon as possible. In addition to other useful information, a checklist with helpful hints is provided in the handbook for your convenience.

Please read the Camp Brochure completely, as it contains important information regarding camp, directions for dropping off and picking up your camper, and even what to pack. **Note: In order for your child to attend camp, all medication, in original containers, must be turned into the camp medical staff at registration. You will have the opportunity to talk with the nurses and medical staff at this time for special instructions.** If your child has a Respite worker, we strongly recommend that he/she attend the camp with your child to assist in the various activities. Both the Respite worker and your child will greatly benefit from this experience.

All forms should be mailed to:

Lori Jensen or Chris Stoddard  
Uinta County School District #4  
Special Services Department  
PO Box 130  
Mountain View, WY 82939  
Phone: 307.782.3136, extension 4206  
Fax: 307-782-6466  
Email: [jensenlo@uinta4.com](mailto:jensenlo@uinta4.com)  
[stoddardc@uinta4.com](mailto:stoddardc@uinta4.com)

If you have any further questions or concerns regarding Camp Carpe Diem, please feel free to contact me. I look forward to visiting with you on the opening day of camp.

Sincerely,  
Camp Carpe Diem Coordinators

# CAMP CARPE DIEM

## Camper Notification & Information

(All information is confidential)

Camper's Name \_\_\_\_\_  
Mailing \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_  
Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_  
(optional) Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

School \_\_\_\_\_ Grade next fall \_\_\_\_\_

Lives with both parents \_\_\_\_\_ Lives with father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Place of Business \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Place of Business \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

## Emergency Notification

**In the event we are unable to contact parent(s) in an emergency, we will call the following persons regarding your child. If parents are out of town during the days of camp, we must have a number where they may be reached.**

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Camp Carpe Diem provides equal opportunity to all qualified persons without regard to race, color, creed, sex, or national origin.

Return this form to:

Uinta County School District #4  
Camp Carpe Diem  
% Lori Jensen or Chris Stoddard, Special Services Department  
PO Box 130  
Mountain View, WY 82939

# Camp Carpe Diem

## CAMPER PHYSICAL FORM

(To be reviewed and completed by a medical professional such as MD, PA-C or NP and returned)

Camper's Name \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ B/P \_\_\_\_\_

Allergies \_\_\_\_\_

### System Assessment

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_

Extremities \_\_\_\_\_ Abnormal Findings \_\_\_\_\_

Seizure Classification: Type #1 \_\_\_\_\_

Type #2 \_\_\_\_\_

Other chronic or recurring illnesses or handicapping conditions \_\_\_\_\_

Describe any behavior disturbance \_\_\_\_\_

Current anti-seizure therapy \_\_\_\_\_ Medication \_\_\_\_\_

Vagus Nerve Stimulator \_\_\_\_\_ Ketogenic Diet \_\_\_\_\_

List all Medications the Camper is currently taking

**All medications must arrive to camp in their original containers!!**

**\*If medication changes are made prior to camp, please bring an updated medication list to camp!!**

Medication Name	Strength	Frequency	Blood Level

Special instructions/comments/limitations \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

**Examining Physician  
(MD, Do, NP, or PA)**

Date

Phone Number

Fax Number

I request that the camp medical personnel or designee administer the medication as directed above to my child \_\_\_\_\_ . I certify that the above medication list is correct and accurate.

I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:

**Camp Carpe Diem**  
**CAMPER MEDICAL FORM**  
(To be completed by parent and return)

Camper's Name \_\_\_\_\_  
Last First Middle Initial

Current medical diagnoses or condition? \_\_\_\_\_  
Will your camper bring his/her own respite worker to camp? YES NO  
If yes, please list name and contact number for respite worker \_\_\_\_\_

**HEALTH**

Child's health in general: Excellent \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_  
Does your family currently have medical/hospital insurance? YES NO Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**SEIZURE SUMMARY**

When was your camper's seizures first diagnosed? \_\_\_\_\_  
Type of Seizures: Tonic-Clonic (Grand Mal) \_\_\_\_\_ Complex Partial \_\_\_\_\_ Absence (Petite Mal) \_\_\_\_\_  
How frequent? \_\_\_\_\_ Date of last seizure \_\_\_\_\_ Length of seizure \_\_\_\_\_  
How do you handle your camper's seizures? \_\_\_\_\_

**DESCRIPTION OF TYPICAL SEIZURE, if any**

Sudden fall, cry, rigidity followed by muscle jerks  
Walks around  
Possible loss of bladder or bowels  
Other (please describe) \_\_\_\_\_  
Brief staring spells  
Repetitive or aimless activities  
Some confusion, headache and fatigue

Does your camper usually get a special warning? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe \_\_\_\_\_  
Has your camper had status epilepticus (unstoppable seizures)? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

**HEALTH HISTORY**

Please check all that apply and review with your camper's physician at time of examination.

\_\_\_\_\_ Asthma \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Mental Retardation \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Heart defect/disease \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Bleeding/clotting disorder  
Other chronic or recurring illnesses or handicapping conditions \_\_\_\_\_

**CHILDHOOD DISEASES**

Please record date (month and year) of infection.

\_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Other- Please Describe \_\_\_\_\_

**IMMUNIZATION HISTORY**

Please record date (month and year) of basic immunizations. You can obtain a copy of this record from your school nurse or physician.

\_\_\_\_\_ DPT Series \_\_\_\_\_ DPT Booster \_\_\_\_\_ Measle Vaccine (live)  
\_\_\_\_\_ Polio OPV (Sabin) \_\_\_\_\_ Polio Booster \_\_\_\_\_ Mumps Vaccine (live)  
\_\_\_\_\_ German Measles \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Tuberculin Test  
\_\_\_\_\_ Other \_\_\_\_\_

**MISCELLANEOUS**

Please list any and all allergies (including drug, plants, foods, etc.) \_\_\_\_\_  
Operations or serious injuries (include dates) \_\_\_\_\_  
Does your camper wear glasses, contacts, hearing aids, retainers, etc.? \_\_\_\_\_

I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL MEDICATION NEEDS TO ARRIVE AT CAMP IN ITS ORIGINAL CONTAINER!!**  
**Please attach a picture of the camper to this form to assist staff with identification.**

## Camp Carpe Diem

### CAMPER PROFILE

(This form will be shared with your child's camp staff prior to camp)

Camper's Name -What he or she likes to be called? \_\_\_\_\_

Does your camper have special fears, emotional or behavioral problems? If so, please explain.

How do you deal with behavior problems?

Does your camper need a special cabin assignment?

Has your camper been away from home, without parents, for more than one night? \_\_\_\_\_

Sleep habits: Light \_\_\_\_\_ Heavy \_\_\_\_\_ Sleepwalker \_\_\_\_\_ Nightmares \_\_\_\_\_

Bedwetting \_\_\_\_\_ If so, how is this handled at home? \_\_\_\_\_

Does your child wear? Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aides \_\_\_\_\_ Retainers \_\_\_\_\_ Other \_\_\_\_\_

Please indicate your camper's t-shirt size

Children's  
Adult's

Small  
Small

Medium  
MediumLarge

Large

**I would like to order extra camp T-shirts for \$15.00: How many shirts? \_\_\_\_\_**  
**What sizes? \_\_\_\_\_**

### CAMPER PARTICIPATION CONSENT

I understand and certify that my camper, \_\_\_\_\_ may participate in Camp Carpe Diem and its activities at Uinta County Youth Camp, and that his/her participation is completely voluntary. I have familiarized myself with the programs and activities at Camp Carpe Diem in which my camper will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited climbing, hiking, and team sports. I acknowledge that although Uinta County School District # 4, Uinta County, and the sponsors have taken safety measures to minimize the risk of injury to camp participants, the sponsors cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Carpe Diem. I have received approval from a doctor authorizing my camper to participate in Camp Carpe Diem and its activities at the Youth Camp.

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

# Camp Carpe Diem

## NATIONAL GUARD PARTICIPATION CONSENT

I understand and certify that my camper, \_\_\_\_\_ may participate in the National Guard activities at Uinta County Youth Camp, and that his/her participation is completely voluntary. I have familiarized myself with the programs and activities the National Guard sponsors at Camp Carpe Diem in which my camper will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited climbing, hiking, and team sports. I acknowledge that although Uinta County School District # 4, Uinta County, and the sponsors have taken safety measures to minimize the risk of injury to camp participants, the sponsors cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the National Guard activities at Camp Carpe Diem. I have received approval from a doctor authorizing my camper to participate in the National Guard activities during Camp Carpe Diem at the Youth Camp.

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

## PERMISSION FOR TREATMENT AND TRANSPORT

The health history described in the Camp Carpe Diem Camper Information and Health History Form is correct to the best of my knowledge. In the event of an accident or injury involving my camper, \_\_\_\_\_, I authorize the Camp Carpe Diem staff, medical staff, volunteers or other executors to obtain medical treatment for my camper and to transport if needed. I give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my camper named above. I understand that payment of any medical expenses incurred by my child will be my responsibility.

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

## LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities, and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risks of camp activities, I nevertheless agree to assume those risks. By signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators, and anyone claiming by, through or under any of them. I HEREBY RELEASE AND FOREVER DISCHARGE UINTA COUNTY SCHOOL DISTRICT #4, UINTA COUNTY, AND THE SPONSORS AND EACH OF THEIR OFFICIERS, DIRECTORS, EMPLOYEES (THE "RELEASED PARTIES") FROM ALL CLAIMS, CAUSES OF ACTION OR DAMAGES ARISING OUT OF ANY INJURY, ILLNESS, OR LOSS OF ANY KIND, THAT MAY BE SUSTAINED BY MY CAMPER DURING OR RELATE TO MY CAMPER'S ATTENDANCE AT CAMP CARPE DIEM AT UINTA COUNTY YOUTH CAMP, WITHOUT REGARD TO THE CAUSE OR CAUSES OF SUCH INJURY, ILLNESS, OR LOSS, EVEN IF SUCH CLAIM, CAUSES OR ACTION, OR DAMAGES ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASED PARTIES.

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

# Camp Carpe Diem

## RELEASE OF INFORMATION TO CAMPER'S PHYSICIAN

(Please contact us if completing this form is difficult, we will work with you to ensure appropriate forms are completed.)

I hereby authorize the camp medical staff to disclose any and all records pertaining to my camper's physician. I, on behalf of my camper, hereby release Uinta County School District #4, Uinta County, and the sponsors from all legal responsibility and liability, which may arise from the release of these records to the physician(s) below.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Physician (neurologist, pediatrician, etc.) \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Physician (neurologist, pediatrician, etc.) \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

## MEDIA RELEASE

I hereby give Uinta County School District #4, Uinta County, and the sponsors the right to interview and/or take photographs, audio, or audio-visual recordings of my camper, \_\_\_\_\_, to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets, and brochures. Uinta County School District #4, Uinta County, and the sponsors of the event shall have the right to use photographs or other images of my child in promotional, educational, or fundraising materials. I hereby release Uinta County School District #4, Uinta County, and the sponsors from any all claims arising out of such photography, reproductions, publication or exhibition as is authorized by Uinta County School District #4, Uinta County, and the sponsors. I acknowledge that I have legal authority to sign this form on behalf of the above-mentioned child.

\_\_\_\_\_  
PARENT OR GUARDIAN (FATHER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (MOTHER)

\_\_\_\_\_  
DATE

## COMMON GROUND

### **DS/USA & COMMON GROUND OUTDOOR ADVENTURES INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM**

**Please note: there are two places on this sheet that require a signature**  
**DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's & COMMON GROUND OUTDOOR ADVENTURES programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, COMMON GROUND OUTDOOR ADVENTURES, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
**Participant's Name (PLEASE PRINT CLEARLY)      Signature      Date**

#### **FOR PARTICIPANTS UNDER THE AGE OF 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
**Parent's Signature & Emergency Phone      Name & Date (PLEASE PRINT CLEARLY)**

#### **MEDIA RELEASE FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
**(PLEASE PRINT CLEARLY)**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Common Ground & Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending an event. I further agree that Common Ground & DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_  
**Signature of Participant/Guardian**



