

# Camp Connect

presented by Community Connections

June 11-15, 2018

For Office Use Only
Received by: _____
Date Received: _____
Payment: _____
cash _____ card _____
check # _____

Name: \_\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**\*\*ATTENTION: CHILD MUST BE BETWEEN THE AGES OF 9-15 TO ATTEND CAMP CONNECT.**

Parent(s)/Guardian(s): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Emergency Contact Person & Phone Number: \_\_\_\_\_

How did you hear about Camp Connect? \_\_\_\_\_

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

Camper's T-Shirt Size? (please circle) Youth Size: M L Adult Size: S M L XL  
Would you like a 2nd shirt? \_\_\_\_\_ Youth Size: M L Adult Size: S M L XL

Please read and initial beside each bullet point:

- ❖ I understand that the DEADLINE to turn in application is **Wednesday May 18, 2018**. \_\_\_\_\_
- ❖ I understand I must submit payment of \$125.00 for my child's camp fee when I turn in the camp application OR I must fill out the scholarship application on the next page. \_\_\_\_\_
- ❖ I understand that I may either submit this application packet & payment in the form of cash or check to the front desk at Pediatrics Plus or Community Connections or mail application packet and payment to 2740 College Ave., Conway, AR 72034. \_\_\_\_\_
- ❖ I understand that if I would choose to pay for the camp fee using my credit or debit card, I must log in to [www.communityconnectionsar.org](http://www.communityconnectionsar.org) and make a \$125 donation and write my child's name and Camp Connect 2018 in the comment section. \_\_\_\_\_
- ❖ I understand that spots are filled on a first-come, first-served basis following a screening process to determine if my child is an appropriate candidate for Camp Connect. \_\_\_\_\_

What are your child's interests/hobbies? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to function in a group setting by following directions and observing rules to ensure safety? \_\_\_\_\_  
\_\_\_\_\_

Can your child swim independently? If needs any assistance at all, please explain. \_\_\_\_\_  
\_\_\_\_\_

Other things you want us to know about your child: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Other Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

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**SCHOLARSHIP APPLICATION**

**\*\*COMPLETE ONLY IF YOU ARE INTERESTED IN APPLYING FOR THE SCHOLARSHIP.**

What is your annual household income? \_\_\_\_\_  
Please explain why you believe your child would benefit from attending Camp Connect.

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

List two goals or skills that you hope to see your child accomplish/gain while attending Camp Connect.

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

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## Photo and Video Release Form

I, the undersigned, hereby assign all rights to photographs or video taken of my child at Camp Connect presented by Community Connections and its affiliates. I understand the photos may or may not be used for advertising and publicity purposes or any other use Community Connections/Pediatrics Plus intends, which may include educational purposes, billboards, print and broadcast advertisements, catalog and schedule covers or fillers. I understand that I will not be compensated for use of the photos or videos or time spent while taking the photos or footage. I also acknowledge that there will be no notice given to me as to when or for what purposes Community Connections/Pediatrics Plus may choose to use the photos. By signing below, I acknowledge that I have received a copy of this release form and agree to all conditions herein.

Child as referred to in above paragraph: \_\_\_\_\_

Parent/Guardian as referred to in above paragraph: \_\_\_\_\_

(Printed Name) \_\_\_\_\_ Date: \_\_\_\_\_

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## Transportation Waiver Form

In consideration for the accommodation being provided by Camp Connect and its employees and volunteers, including but not limited to the person listed below, in providing transportation for the camper listed below, to and from the camp headquarters in order for community outings during the camp experience to be provided. The undersigned, as parent and/or legal guardian on behalf of the camper, hereby agrees to waive and release Community Connections, its officers, employees, and volunteers from any claim, liability, or cause of action for any physical injuries, damages, liabilities, or other loss incurred by the driver(s) or the undersigned which results from or in any way relates to the transportation services being provided to the camper by Camp Connect and its employees and/or volunteers, except to the extent that any such injuries, damages, or liabilities, or loss results from or is caused by the willful or malicious actions of Camp Connect or any of its employees or volunteers.

Camper as referred to in above paragraph: \_\_\_\_\_

Employee/Volunteer Driver(s) as referred to in above paragraph: Mary Garlington, camp director  
and/or Gina Moore, assistant camp director

Parent/Guardian as referred to in above paragraph: \_\_\_\_\_

(Printed Name) \_\_\_\_\_ Date: \_\_\_\_\_

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Medication Waiver Form

In consideration for the accommodation being provided by Camp Connect and its director, employees, or volunteers, including but not limited to the person listed below, in providing medication for the camper listed below while at Camp Connect presented by Community Connections. The undersigned, as parent and/or legal guardian on behalf of the camper, hereby agrees to waive and release Community Connections, its officers, employees, and volunteers from any claim, liability, or cause of action for any physical injuries, damages, liabilities, or other loss incurred by the driver(s) or the undersigned which results from or in any way relates to the medication being provided to the camper by Camp Connect and its employees or volunteers, except to the extent that any such injuries, damages, or liabilities, or loss results from or is caused by the willful or malicious actions of Camp Connect or any of its employees or volunteers.

Camper as referred to in above paragraph: \_\_\_\_\_

Exact name of medication to be provided: \_\_\_\_\_

Exact dose of medication to be provided: \_\_\_\_\_

Director as referred to in above paragraph: \_\_\_\_\_ Mary Garlington, camp director \_\_\_\_\_

Parent/Guardian as referred to in above paragraph: \_\_\_\_\_

(Printed Name) \_\_\_\_\_ Date: \_\_\_\_\_