Please mail this application to:
2300 Bethelview Rd., Ste 110-343 Cumming, GA 30040
Or email copy of completed materials to events@biaga.org

Application is considered complete and ready for review once the signed healthcare provider medical form is received and your application is completed (all blanks filled in or N/A where applicable). Applications are not automatically accepted without a review process for approval or denial. The Camp Director may contact you for additional questions to ensure we can provide a safe and supportive environment for each camper.

**Please submit all application materials to the above physical address or email no later than September 1st, 2022.**

Camp application checklist:
- ___ Copy of Personal Identification (e.g., copy of Photo ID, Drivers License)
- ___ Camper Health History Form completed and signed by your healthcare provider
- ___ Fully completed Camper Application Form, including health questionnaire items, signed Code of Conduct, Waivers, and Releases
- ___ Completed Medication List (if applicable)
2022 BIAG Camp Application

General:
Name:_______________________________________________________________
Preferred Name:_______________________________________________________
Date of Birth: _________________________________________________________
Sex: ________________________________________________________________
T-Shirt Size: _________________________________________________________

Contact Information
Address: ____________________________________________________________________
City: _______________________________________________________________________
State: ______________________________________________________________________
Zip/Postal: ___________________________________________________________________
Phone Number: _______________________________________________________________
Secondary Phone Number: _______________________________________________________

Type of Acquired Brain Injury (e.g., TBI, Stroke) _____________________________________
Date of Acquired Brain Injury: _____________________________________________________
How did the camper sustain their brain injury?: ______________________________________

Is this the camper's first time attending Camp BIAG? (please circle)  Yes  No
Number of years camper has attended camp BIAG (not including 2022) ___________________

How did you hear about Camp BIAG?:_____________________________________________
Camper's living situation: _______________________________________________________
Name of group home (if applicable): _______________________________________________
Group home director phone: _______________________________________________________
Group home director email: _______________________________________________________
2022 BIAG Camp Application

Emergency Contact Information

Emergency Contact #1
Name: 

relationship: 

Preferred Phone Number: 

Alternate Phone Number: 

Emergency Contact #2
Name: 

Relationship: 

Phone Number: 

Emergency Contact #3 (If applicable)
Name: 

Relationship: 

Phone Number:
Mobility:
Does the camper use any assistive devices for mobility (e.g., wheelchair, cane)  Yes  No

Please provide information regarding equipment, frequency of use, and level of assistance needed for safe mobility:

Does the camper need assistance with transfers? When? What type of transfers?

Diet Information:
Does the camper have any dietary restrictions (please circle)  Yes  No

If yes, please provide detailed information regarding dietary restrictions:
Does the camper have any food allergies (please circle)  Yes  No

If yes, please provide detailed information regarding food allergies:

Mealtime Assistance:
Please indicate by selecting Yes or No

Needs someone to cut food into small pieces  Yes  No
Soft food preferred  Yes  No
Needs thickener (you must provide if necessary)  Yes  No
Needs straw  Yes  No
Needs assistance with feeding  Yes  No

If you selected “yes” for any items above, please describe:

Hygiene

Hygiene (showering, brushing hair, and oral care): Please respond to the following questions. If you answer “yes for any of the below questions, please provide a description in the space below.

Uses shower equipment (e.g., shower bench)  Yes  No
Needs assistance for showering or bathing  Yes □  No □
Needs assistance with brushing teeth  Yes □  No □
Needs reminders to brush teeth  Yes □  No □
Needs assistance with styling hair  Yes □  No □

Comments:

Dressing
Please respond to the following questions. If you answer “yes for any of the below questions, please provide a description in the space below.

Needs assistance with dressing  Yes □  No □
Wears splints  Yes □  No □
Wears AFO or brace  Yes □  No □
Wears compression garments  Yes □  No □

Comments:

Toileting
Please respond to the following questions. If you answer “yes for any of the below questions, please provide a description in the space below.
Needs assistance with clothing management  
Yes☐ No☐

Needs assistance transferring onto toilet  
Yes☐ No☐

Uses a urinal  
Yes☐ No☐

Has catheter  
Yes☐ No☐

Can initiate request for toilet  
Yes☐ No☐

Wears pads, depends, or other  
Yes☐ No☐

Comments:

Social Health History - Social, Emotional, and Mental Health

Have there been any behavioral or social difficulties this past year (e.g., anxiety, depression, verbal outbursts, physical aggression)?  
Yes☐ No☐

Are there any known triggers for behavioral difficulties?  
Yes☐ No☐

Becomes overstimulated?  
Yes☐ No☐

Needs support or cues to participate in social settings?  
Yes☐ No☐

If you responded “yes”, please provide further information below:

Please provide more information about how we can make camp a supportive environment to meet the needs of the camper:
Health History - General

If you answer 'yes' to any of these below questions, please provide more information in the details section. Completing this session is voluntary, but helpful to healthcare staff at camp.

Has/does the prospective camper…..

1. Passed out during or after exercise?  Yes□ No□
2. Felt dizzy during or after exercise?  Yes□ No□
3. Had chest pain during or after exercise?  Yes□ No□
4. Tired more quickly than others during exercise?  Yes□ No□
5. Has high blood pressure?  Yes□ No□
6. Experience racing heartbeat or skipped heartbeats?  Yes□ No□
7. Been knocked out or become unconscious?  Yes□ No□
8. Has history or seizure?  Yes□ No□
9. Has a stinger, burner, or pinched nerve?  Yes□ No□
10. Experienced heat or muscle cramps?  Yes□ No□
11. Felt dizzy or passed out in the heat?  Yes□ No□
12. Sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any area of the body?  Yes□ No□
13. Traveled to countries other than the United States in the past nine months?  Yes□ No□
   a. If yes, please list them.

Details for any “yes” response above:
Use of illicit drugs and/or alcohol is not permitted on the premises of Camp Twin Lakes. Any Camp BIAG camper found to be under the influence of or in possession of illicit drugs or alcohol at camp will face disciplinary action. Upon discovery of possession or intoxication, the camper’s designated emergency contact or guardian will be called and notified of the situation.

1. Inappropriate contact with any other camper, CTL staff or volunteer for the purpose of harassment, abuse, or exploitation is not permitted.
2. Any type of verbally or physically aggressive behavior is not permitted.
3. Camp BIAG reserves the right to request the camper or his/her emergency contact or guardian to make arrangements for early dismissal from camp should CTL staff or volunteers feel the camper is jeopardizing his/her safety or the safety of others.
4. Inappropriate communication with any other camper, Camp BIAG staff member, or Camp Twin Lakes staff member will not be permitted during or outside of Camp BIAG. Continued or frequent use of harassment, abusive, threatening, or otherwise inappropriate language may jeopardize future camp attendance or result in early dismissal from Camp BIAG.
5. Guns, knives, or other sharp or dangerous items will not be permitted on camp property. Camp BIAG reserves the right to confiscate any such objects.

I, as acamper at Camp BIAG, have read, understand, and agree to abide by this Code of Conduct. I understand that any violation of these camp policies will result in a phone call to my emergency contact by the Camp BIAG administration and may result in early dismissal from camp. In addition, I understand that if I violate these policies, I will not be able to return to camp in the future. Camper shall not violate any local, state, or federal laws. My signature below denotes my agreement and understanding.

Signature: ______________________________________________________
Date: __________________________________________________________

The health history described in the Camp BIAG Camper Information and Camper Medical Form is correct to the best of my knowledge, and camper has no restrictions on camp activities other than those listed in application. I give permission to the physician selected by the camp director to order x-rays, routine tests & treatment and, in the event of any perceived emergency, I give 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.

Signature: ______________________________________________________
Date: __________________________________________________________
I hereby authorize the camp medical director to disclose any and all records pertaining to the camper to his/her physician. I, on behalf of the camper hereby release the health director, Camp BIAG, and Brain Injury Association of Georgia from all legal responsibility and liability, which may arise from the release of these records to the physician(s) entered previously in this application.

Signature: ______________________________________________________
Date: __________________________________________________________

In partial consideration for my camper's participation in all Camp BIAG activities and attendance at the Camp, I hereby fully release, acquit, and discharge Camp BIAG, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns from any and all claims, causes of actions, or demands of whatsoever kind and nature, known and unknown, including but not limited to injuries to property or person which may be incurred by my camper arising out of his/her participation in this summer camp program sponsored by the released parties. I, the undersigned, further agree and covenant not to sue or prosecute any claims for injuries to property or person which may be incurred by my camper in connection with his/her participation in this summer camp program sponsored by the released parties. I recognize that unpredictable behavior is a common side effect of brain injury. I hereby assume any risk of injury or damage resulting from such an episode by any camper at Camp BIAG and release Camp BIAG, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns of these entities from any claims resulting from unpredictable behavior by a camper. I understand I may be removed from camp and no longer allowed to attend. Camp BIAG reserves the right to expel or release any camper from camp due to inappropriate camp conduct. Determination of inappropriate conduct shall be solely within the discretion of Camp BIAG staff. Following a decision to expel a camper, parents, guardian or spouse will be responsible for retrieving their camper immediately. Failure to comply with this policy may result in accumulating monetary charges to parents for interim care of the camper and prevent a camper from returning to Camp BIAG in the future.

Signature: ______________________________________________________
Date: __________________________________________________________

I hereby consent to the use of Audio-Visual materials and/or the publication of an existing Audio-Visual Materials of my camper, by Camp BIAG and Brain Injury Association of Georgia or other Audio-Visual Materials corporations with whom it may be affiliated in educational, promotional, or fundraising materials. I also consent to the use of my camper's Audio-Visual Material in all media. I hereby release Camp BIAG and Brain Injury Association of Georgia from any and all claims arising out of such Audio-Visual materials, reproducing, publishing or exhibiting as is authorized by Camp BIAG and the Brain Injury Association of Georgia.

Signature: ______________________________________________________
Date: __________________________________________________________
In addition to full completion of this camp application, please send completed health history form and medication form to 2300 Bethelview Rd., Ste 110-343 Cumming, GA 30040 or email a copy of completed materials to events@biaga.org for consideration to camp BIAG.