

2022 BIAG Camper Application



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)

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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: _____

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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:

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Activities of Daily Living and Communication

The following questions will assist camp volunteers in providing a safe and supportive environment for each camper.

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Soft food preferred | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Needs thickener (you must provide if necessary) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Needs straw | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Needs assistance with feeding | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

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:

Code of Conduct

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 a camper 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.