

OFFICE USE: Paid ___ Animal Waiver ___ Consent ___

Allergies Communication Diet Medications
 Seizures Toileting Wheelchair

2022 Camp Application



Janet Maasch, Founder
11992 Hollar School Road

Linville Virginia 22834 540-833-2072

www.campstillmeadows.org ♥ info@campstillmeadows.org

OFFICE USE ONLY

Received _____
Confirmed _____
Payment \$ _____
Entered _____
Email _____

Please check week(s) you will be attending (8:30-11:30 Monday through Friday) Total Cost per week \$100.

- June 20-24
 July 11-15
 August 1-5

NAME: _____ Age _____ Sex: ___ Weight: _____ Height _____

Address/City/Zip: _____

Phone: Cell _____ Home: _____

Email _____

Does Camper live in a group home? ___ If YES, please list: _____

Does Camper attend school? ___ If YES, Please list: _____

Person providing transportation to Camp: _____ Contact Phone: _____

*This is the number we will use if camper transportation has not arrived by designated time.

Emergency Information

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number _____

Camper Information: *Please give as much information as possible.*

Disability: _____

Wheelchair: Walker Other Assistive Device; _____

Seizures Does the Camper have Seizures? YES NO Date of Most Recent: _____

Allergies: List any **FOOD** allergies: _____

List any **DRUG** allergies: _____

List and **NON-FOOD** allergies: _____

Is the camper allergic to animals or bees? _____

Diet: Is the camper diabetic? _____ Does Camper need assistance being fed? _____

Special Diet Restrictions: _____

****Please complete all pages before mailing.****

Camper's Name _____

Medications: Does the camper take medications? _____ *If YES, please fill out below.*

List all medications **to be taken at camp only**. Include the amount and time to give.

All medication must be properly labeled with Camper's Name, Name of Medication, Dosage, Time to be given, and any other necessary instructions. Please place in a zip lock bag, labeled clearly on the outside.

Toileting (circle one): Independent Needs Assistance Total Assistance

Additional Information: _____

Communication (circle one): No Difficulties Non-verbal Sign Language Gestures

Other (please specify): _____

Please provide any additional information you feel would help us. Attach extra pages if necessary.

Consent for Photo and Emergency Medical Treatment

I (name) _____ give Still Meadows my permission to use an image, name, voice, or words in any form, including newsletter, television, radio, newspapers, film, magazines, internet and other media, to advertise or communicate the purpose and activities of Still Meadows and/or apply for funds to support purpose and activities.

During camp activities, if emergency medical treatment is needed and I cannot be reached to give my consent or make my own arrangements for treatment, I authorize Still Meadows to take whatever measures are necessary including hospitalization.

Signature of legal representative:

Date: _____ Name of Camper _____

T SHIRT SIZE: CHILD S(6-8) M(10-12) L(14-16) ADULT S M L XL XXL XXXL



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This release is a condition for riding or working with animals (including horses, goats, cats and dogs, chickens and other farm livestock).

I understand and acknowledge that any involvement with livestock is a potentially dangerous activity which may result in serious injury or death. I understand the propensity of an animal to behave in dangerous ways and the inability to predict an animal's reaction to sound, movement, objects, persons, or hazard of surface or subsurface conditions. I fully understand that I or others may be injured as a result of negligence by myself or others or through no fault of any person, because of the unpredictable nature of animals. I assume all risks of injury, loss or death arising from my voluntary participation and that of my minor children, and voluntarily release Still Meadows, Inc., its officers, directors, board members, employees, agents, administrators, legal advisors, volunteers and other guests or invitees of Still Meadows, Inc., from any and all liability for such injury, loss or death.

Signature

Date

Print Name

Legal Representative

Date

Print Name

Participant

Staff

Volunteer