

OFFICE USE: Paid \_\_\_\_  
\_\_\_\_ Animal Waiver \_\_\_\_ Photo Consent

Allergies  Communication  Diet  Medications  
 Seizures  Toileting  Wheelchair

2023 Camp Application



Janet Maasch, Founder  
11992 Hollar School Road  
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[www.campstillmeadows.org](http://www.campstillmeadows.org) ♥ [info@campstillmeadows.org](mailto:info@campstillmeadows.org)

OFFICE USE ONLY

Received \_\_\_\_\_  
Confirmed \_\_\_\_\_  
Payment \$ \_\_\_\_\_  
Entered \_\_\_\_\_  
Email \_\_\_\_\_

Please check week(s) you will be attending (8:00 AM - 2:00 PM Monday - Friday) Total Cost per week \$200.

- June 18-24  
 July 9-15  
 August 6-12

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.**

<b>Consent for Photo and Emergency Medical Treatment</b>	
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