



The Kenny Irwin Jr. Memorial Foundation and Dare to Dream Camp

75 W County Rd 500 S New Castle, IN 47362 (765) 987-8200 toll free 1-877-987-CAMP
kennyirwinjrfoundation.org

CAMPER APPLICATION

All lines of this application MUST be completed to be considered for camp attendance.

Camper's Name (Please print) _____ Nickname _____ Date ___/___/___

Social Security # _____ Birth Date ___/___/___ Age _____ Male Female

Mailing Address _____

(City) _____ (State) _____ (Zip) _____ (County) _____

Email Address _____ Phone # (____) _____

School Attending _____ Grade _____

Teacher's Name _____ Phone # (____) _____

How did you hear about the Dare to Dream Camp? _____

Will your child be attending any other camp this year? Yes No

If you answered yes, please list the name of the camp and dates attending _____

(Camp) _____ (Dates) _____

(Camp) _____ (Dates) _____

INSURANCE INFORMATION

(A copy of the front and back of the child's insurance card must be submitted)

Who is your Insurance Provider?

Name of Insurance Company _____ Medicaid # _____

Address _____ Business Phone # (____) _____

(City) _____ (State) _____ (Zip) _____ Policy # _____

Does Carrier require prior notification? Yes No

For group insurance, please give company name: _____

Name of Parent/ Guardian who insures camper: _____

Are there any special billing instructions? Yes No

If you answered yes, please explain: _____

CAMPER INFORMATION

The questions below are designed to help us to know your child and to be able to place them in a positive environment so that all who attend camp have a safe and memorable experience.

Please let us know about your child. Specifically, describe your child's:

Living situation (who he/she lives with) _____

School situation (how he/she interacts socially and in class) _____

Recent hospitalizations/major illnesses _____

Major adjustments (change of address, birth of a sibling, recent losses, etc.) _____

Does your child have any social or emotional issues that you need to share with us so that we can put your child in a successful environment? _____

Describe how your child interacts in group settings _____

Do you see any attitudes or habits in your child that you are trying to strengthen? _____

Camp activities are designed for children ages 5 to 17 years old. At what age level does your child function? (Learning challenges)

What are your child's major interests? _____

GENERAL MEDICAL INFORMATION

Who are your Child's Doctors?

Pediatrician's Name _____ Phone # (____) _____

Address _____ Emergency Phone # (____) _____

(City) _____ (State) _____ (Zip) _____

Dentist's Name _____ Office Phone # (____) _____

Address _____ Emergency Phone # (____) _____

(City) _____ (State) _____ (Zip) _____

Does your child have any food restrictions, food allergies or special diet requirements? Yes No

If you answered yes, please explain: _____

Does your child have any drug allergies? Yes No

If you answered yes, please explain: _____

List All Current Medications/Dosage* (Must be sent in original container) _____

Any activities to be restricted? (List) _____

Date of Last Tetanus Booster _____ Dietary Modifications** _____

	(Circle One)		Comments
SEIZURES	NO	YES	_____
HEART PROBLEMS	NO	YES	_____
DIABETES	NO	YES	_____
ENVIRONMENTAL ALLERGIES	NO	YES	_____
STINGING INSECT ALLERGIES	NO	YES	_____
BLOOD DISORDERS	NO	YES	_____
SERIOUS INJURIES	NO	YES	_____
SURGERIES	NO	YES	_____
HOSPITALIZATION	NO	YES	_____
CHRONIC/RECURRING ILLNESS	NO	YES	_____
OTHER HEALTH CONCERNS	NO	YES	_____

(such as asthma, constipation, diarrhea, sleepwalking, vision/hearing loss, bed wetting, developmental delay, etc.)

You may include another sheet of paper if any additional health information is needed.

*All medications (with the exception of rescue inhalers for asthma) must be turned into the camp nurse. This is a state law.

Please send along written notice of any changes in medications and/or dosages at the time your child is camping.

**Dietary Modifications: Make special arrangements with the Camp Director 2 weeks prior to date arriving (765.987.8200).

CONTACT INFORMATION

Who is the Parent or Guardian of this child:

Mother/Guardian's Name _____ Home Phone # (____) _____

Address _____ Cell Phone # (____) _____

(City) (State) (Zip) Business Phone # (____) _____

Father/Guardian's Name _____ Home Phone # (____) _____

Address _____ Cell Phone # (____) _____

(City) (State) (Zip) Business Phone # (____) _____

Who has legal custody of this child? _____

*Total Household income? (Including supplemental income i.e.: child support, govt/state income, Medicaid, disability, food stamps, welfare, etc.) _____

(This information is REQUIRED as part of our selection criteria in order for us to determine the children/families in most need)

Please list a non-family contact person for additional psychological/social information (teacher, therapist, social worker, etc.):

(Name) (Title) (Phone #)

Please list names of individuals who are authorized to pick up your child from camp. My child may be picked up by:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

For Office Use Only

Date Received ___/___/___ Session _____ Group _____ Accepted _____

Scholarship Amount _____ Camper Amount _____

Copy of Insurance Card _ Yes _ No Taking Meds _ Yes _ No

Comments: _____

Parent / Guardian Activity Consent Form

_____ Initials

I, the undersigned parent/guardian, of _____, recognize the possible physical risk involved in providing residential facilities and recreational activities for my child. I agree, that unless I specifically identify below the program(s) my child is not allowed to participate in, my child is authorized to participate in any and all officially administered, sponsored or sanctioned activities at the Dare to Dream camp, including, but not limited to: (1) Supervised swimming, (2) Supervised boating and fishing, (3) Supervised horseback riding. Further, I hereby release, discharge and otherwise indemnify The Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp, it affiliated organizations and sponsors, its officers, directors, employees, volunteers and agents (the "Camp Parties") against any claim by or on behalf of myself or my minor child as a result of my child's participation in any program or activity sponsored, coordinated, or supervised by the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp. I also agree to release, discharge and agree to hold harmless and indemnify the Camp Parties with respect to any medical expenses resulting from personal injuries sustained by the child while engaged in such activities or otherwise at the Camp facilities. I also understand that this release includes traveling to or from the programs or activities.

Please check one of the following:

- I/we allow my child to participate in all activities at the Dare to Dream Camp
- My child may not participate in these listed activities: _____

Sharing Information

_____ Initials

I give permission for my child to share addresses and/or phone numbers with all other campers.

Photo/Media Release

_____ Initials

I give the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp, session sponsors, and Kenny Irwin Jr. Memorial Foundation authorized news media permission to photograph and to use pictures, video, slides, or audio tapes of my child either alone or in groups for the newsletter, advertising purposes, fund-raising activities, bulletin boards, internal training, camp albums or in promoting public understanding and support for at-risk and underprivileged children. The Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp respects the privacy of its campers and their families and does not give permission for unauthorized visitors to photograph campers.

Assumption of Liability for Damage to Camp Property

_____ Initials

I understand that the parent and/or guardian will be responsible for paying for any damage or destruction of camp property arising as a direct result of the actions of my child.

Consent for Medical Treatment, Waiver and Release

_____ Initials

I hereby grant permission to the Kenny Irwin Jr. Memorial foundation and the Dare to Dream camp to provide routine and emergency medical care required for my child, including, without limitation, medications, immunizations, x-rays, dental care, minor surgical procedures, hospitalization, general anesthesia, or other medical treatment as may be appropriate while the child is in the care of the Dare to Dream camp. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my child may require action by medical staff before I can be contacted. I also give my consent for any transportation deemed necessary, in the sole discretion of the staff at Dare to Dream camp, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred on behalf of my child while at the Dare to Dream camp in connection with medical or other treatment, and acknowledge, agree and understand that the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp, but that said information may be shared with or released to appropriate personnel and/or third parties by the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp for the purpose of treating and/or supervising my child (including, but not limited to, referral centers, medical staff, psychological staff and/or insurance companies). Finally, I agree to release the Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp, its sponsors, volunteers, employees, officers, directors and agents of any liability arising from the administration or rendering of medical care.

Emergency Authorization – Liability Waiver – Health Information Release

1. I give permission to the camp to provide ongoing health care. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.
2. I realize that many of the activities at 'Dare to Dream' are potentially dangerous and will allow my child to participate in them, knowing of this danger. I will accept personal responsibility for any and all injuries incurred by my child while at camp.
3. I give permission to Kenny Irwin Jr. Memorial Foundation and the Dare to Dream camp to have take and use without payment, any photographs, slides, or videotapes of my child, as may be needed for public relations purposes and/or marketing/advertising,
4. To be in compliance with HIPPA privacy regulations, I authorize release of protected health information (diagnosis and treatment) to any 'Dare to Dream' staff member in need of this information to care for my child's ongoing health needs while at camp.

Parent/Guardian Signature _____ Date: _____