



LIONS CAMP MERRICK
2019 Family Camp Program
Parent/Guardian Application



The individual listed below desires to participate in the **Lions Camp Merrick Family Camp Program** (a.k.a. Camp Glyndon at Lions Camp Merrick) during the following session: (*Sessions are filled on a first come basis*)

FAMILY SESSION: *June 26-29, 2019*

Parent/Guardian Information

Parent's Name _____

Sex: Male () Female ()

Address _____

City _____ State _____ Zip _____ County _____

E-mail _____

Day Phone: _____ Night Phone: _____

Submit Paperwork to
LCM, PO Box 56, Nanjemoy, MD 20662
Or Email to
info@lionscammerrick.org

Please make check payable to: *Lions Camp Merrick* (LCM also accepts Visa, MasterCard and Discover – call for details). **Family Camp fees are \$295 per person** and are due a minimum of 30 days prior to the start of session.

I am interested in receiving **financial assistance** to send my child to Lions Camp Merrick. Please send sponsorship information and an application package to the address listed above (Parent or Guardian Information).

Camp Glyndon at Lions Camp Merrick is supported by the American Diabetes Association (ADA)
 LCM 3650 Rick Hamilton Place, P.O. Box 56, Nanjemoy, MD 20662
 Phone: 301-870-5858 –E-Mail: info@lionscammerrick.org
 Web site: www.lionscammerrick.org

HEALTH HISTORY: Parent/Guardian Name _____

	YES	NO		YES	NO
Do you have/ever had Chronic Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems/Chest Pain during/after exercise	<input type="checkbox"/>	<input type="checkbox"/>
Ever been hospitalized or had surgery	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/passed out during/after exercise	<input type="checkbox"/>	<input type="checkbox"/>
Had mononucleosis/strep/infectious disease in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder/Ulcer/Stomach Aches	<input type="checkbox"/>	<input type="checkbox"/>
			Diabetes: Type 1 ____ Type 2 ____	<input type="checkbox"/>	<input type="checkbox"/>
Ever had Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia/Low Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Problems with diarrhea/constipation	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/Contacts/Eyewear	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems/Urinary Tract Infection	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infections/Eye Infections	<input type="checkbox"/>	<input type="checkbox"/>	Bladder Control/Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
Deaf/HOH	<input type="checkbox"/>	<input type="checkbox"/>	Problems with joints (knees, ankles, back problems)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	Have an orthopedic appliance/mobility problems	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Breathing Problems/Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems/Athletes Foot	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Menstrual History (female camper only)	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Headaches/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Ever had head injury/knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Difficulties/Compulsive Behavior/ Inattention	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Was help sought for any of the above?	<input type="checkbox"/>	<input type="checkbox"/>
Meditation Taken	<input type="checkbox"/>	<input type="checkbox"/>			

If answered yes to any of the above, please explain:

Dietary Restrictions: Does Not eat: ____Red Meat ____Eggs ____Dairy ____Pork ____Poultry
 ____Seafood ____Other_____

Please list other restrictions or limitations or allergies: (what cannot be done, what adaptations or limitations are necessary)

Insurance Information and Authorizations

Applicant Name: _____

Insurance: Please attach a copy of your Insurance or Medicaid Card. Also, attach completed and signed insurance forms along with referrals/authorizations if they are appropriate.

Insurance Co. _____ Policy _____ Group _____
Subscriber's Name _____ Relationship to camper _____
Claims Address: _____ City _____ State _____ Zip _____
Insurance Co. Telephone (_____) _____
Medicaid/Medicare Card # _____ Cardholder Name _____
Eligible for Medicaid Yes ____ No ____ From Date: _____ Expiration Date: _____

Authorizations:

Insurance/Services: I understand that there is no group medical coverage for services rendered or to be rendered and I hereby assign and transfer any benefits otherwise payable to me for my benefit under hospitalization, health or accident insurance, any other insurance coverage, to include major medical benefits, for the payment of services rendered. If a Medicare or Medicaid patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request that payment of authorized benefits be made in my behalf. I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered

INITIALS _____

Medical Release: I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required. The health history is correct and complete as far as I know. I give permission to the camp to provide routine health care, administer prescribed medications, as well as over the counter medications (including sunscreen and insect repellent), and seek emergency medical treatment onsite or via EMT, Ambulance and/or including x-rays or routine tests. (In addition, For Diabetes Camp ONLY I give permission for insulin dosage changes and daily glucose monitoring as deemed necessary by the NP or physician.) I agree to the release of any records necessary for insurance purposes. I authorize the Camp to arrange emergency and follow-up related transportation. In the event a family member or guardian cannot be reached in an emergency, I authorize the physician selected by the camp to secure and administer treatment, including hospitalization, injection, anesthesia or surgery as well as follow-up treatment as needed.

INITIALS _____

HIV: I authorize the Camp medical staff to make arrangements and obtain specimens for documentation of the HIV/HBV status on the person named above. I understand this will only be performed in a situation of an occupational exposure incident that involves the camper/staff. An occupational exposure incident is defined as a situation when camper/staff has been in contact with blood, body fluids or potentially infectious materials from a camper/staff (e.g. the employee accidentally touches a bleeding wound). Regulations require that we perform measures to prevent exposure incidents; however, if an incident does occur, the staff and camper involved should be tested. Blood tests will be performed by a nearby local hospital/clinic. I understand that all results will be given to me and that the Camp will not disclose the results of these tests to others except as required by law or as necessary to safeguard the well being of health care professionals, Camp medical staff, or other persons at risk. I understand that the absolute confidentiality of the test results cannot be guaranteed although all measures required by law to ensure confidentiality will be followed and that the results will be placed in the Lions Camp Merrick Exposure Control record in the camp office.

INITIALS _____

Hold Harmless: I do hereby agree to indemnify and hold Lions Camp Merrick and its directors, agents, volunteers, and/or employees harmless from any and all damages, claims, expense or costs of whatever nature, causes of action, suits and liability of every kind including attorney fees, for injury to or death, or for damage to any property, arising out of or in connection with use or occupancy of the premises or participation in the Camp programs, except where such injuries, death or damages are caused in whole or in part by the negligence of Lions Camp Merrick, or joint negligence of Lions Camp Merrick and any other person or entity employed by the Camp.

INITIALS _____

Search and Seizure: As a condition of participation and in order to provide a safe environment for all persons, Lions Camp Merrick adopts a policy of reasonable search and seizure of any person or personal property in situations of suspected theft, illegal drugs, or possession of contraband items such as weapons, fireworks and alcohol. Your initials and signature on this document will be deemed as a written consent to such reasonable searches and seizures and a waiver of all claims against Lions Camp Merrick for conducting the same.

INITIALS _____

Consent: The applicant agrees to attend and participate in activities at Lions Camp Merrick. I understand that the program may include field trips and canoe trip/over-night camp outs which may include transportation from and to the Camp and give permission to participate in such field trips, high ropes, low ropes, swimming, sports games and archery. I understand that pictures, audiotapes, and videotapes may be taken for use in publicity that is in the proper interest of the Camp and agree to this.

INITIALS _____

Signature of parent/guardian/applicant

Printed name of parent/guardian/applicant

Date



Lions Camp Merrick, Inc.

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in archery, challenge course, ropes course, swimming, canoeing and other water sports and field games hereinafter referred to as "Activities," I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue Lions Camp Merrick, its officers, directors, employees, and agents from liability from any and all claims including the negligence of Lions Camp Merrick, its officers, directors, employees, and agents, resulting in personal injury, accidents, or illness (including death) and property loss arising from, but not limited to, participation in the Activities.

Assumption of Risks: Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and hold Harmless: I also agree to INDEMNIFY AND HOLD Lions Camp Merrick HARMLESS from all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activities and to reimburse Lions Camp Merrick for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks is intended to be as broad and inclusive as is permitted by the laws of the state of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand the terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Date: _____

Print Name of Participant