

Requested Information	Answers to Requested Information
<b>Have A Heart Summer Camp - Camper Intake Form</b>	
<b><i>Camper Information:</i></b>	
Camper's First Name:	
Camper's Last Name:	
Preferred Name/Nickname:	
Date of Birth:	
Age at the time of the Summer Camp Request:	
Gender:	
Primary Language:	
Secondary Language (if any):	
<b><i>Camp Specifics:</i></b>	
<i>Requested Camp Week(s) by Camper:</i>	
<b><i>Scholarship(s): Are you in need of a scholarship(s)?</i></b>	
Yes, due to financial constraints, I would like to apply for a scholarship.	
No, I do not need a scholarship.	
<b><i>Parent/Guardian Information:</i></b>	
<b>Parent/Guardian Full Name:</b>	
Relationship to Camper:	
Contact Phone Number:	
Email Address:	
Home Address:	

<b>Emergency Contacts:</b>
<i>Emergency Contact 1</i>
<i>Full Name:</i>
<i>Relationship to Camper:</i>
<i>Contact Number:</i>
<i>Alternate Number:</i>
<i>Email Address:</i>
<b>Emergency Contact 2</b>
<i>Full Name:</i>
<i>Relationship to Camper:</i>
<i>Contact Number:</i>
<i>Alternate Number:</i>
<i>Email Address:</i>
<b>Medical Information:</b>
<i>Primary Care Physician:</i>
<i>Physician Contact Number:</i>
<i>Medical Clinic Name:</i>
<i>Medical Clinic Phone Number:</i>
<i>Medical Insurance Provider:</i>
<i>Policy Number:</i>
<i>Group Number:</i>
<i>Known Allergies:</i>
<i>Current Medications:</i>
<i>Medication Name, Dosage, Frequency:</i>

<b>Behavioral Information:</b>
Behavioral Concerns/Triggers:
Effective De-escalation Techniques:
Preferred Communication Style:
Any Previous Experience in Group Settings:
If yes, please describe:
Any Specific Accommodations Required:
Transportation Information (if applicable):
<b>Additional Information:</b>
<b>Hobbies/Interests:</b>
<b>Likes/Dislikes:</b>
Personal Goals for the Camp:
Additional Comments/Concerns:

<b>Media Release Consent:</b>
<i>Consent for Release of Photos/Videos/Image/Multimedia for use in Media Consent:</i>
I, the undersigned, grant Have A Heart, Inc., and its representatives, the irrevocable and unrestricted right to use and publish photographs, videos, or other media of the participant listed above.
This media may be used for promotional, educational, or other related purposes without compensation to the participant or their
I, the undersigned, hereby release and discharge Have A Heart, Inc. from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses arising out of or in connection
<b>Consent: For Media Usage for Have A Heart and its affiliates</b>
Yes, I consent.
No, I do not consent.
<i>Additional Conditions: Media Content Usage Limitations (if any):</i>
<b>Media Release Camper/Guardian Signature:</b>
<b>Date:</b>

***Assumption of Risk and Release, Liability Waiver:***

I, the undersigned, am aware that participation in the Have A Heart Summer Camp involves various activities, including but not limited to arts and crafts, outdoor activities, and group events.

I understand that these activities may carry inherent risks, and I voluntarily assume all such risks for the participant named above.

***Release of Liability:***

I hereby release and hold harmless Have A Heart, Inc., its employees, volunteers, and representatives from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including but not limited to personal injury or property damage, that may be sustained by the participant during the course of the summer camp.

***Emergency Medical Treatment Authorization:***

In the event of any injury or illness during the summer camp, I authorize Have A Heart, Inc. to obtain necessary medical treatment for the participant. I understand that efforts will be made to contact me or the emergency contact listed above before such treatment is sought.

**Participant/Guardian Signature for Liability**

**Waiver:**

**Date:**

<b><i>For Office Use Only:</i></b>
<b>Camp Assigned:</b>
Staff Assigned:
Special Instructions/Notes:
Medical Emergency Plan:
Behavioral Support Plan:
Parent/Guardian Informed:
Signature (Staff):
Date:

