



# Consent and Waiver Forms

Date of Application: \_\_\_\_\_  
(PLEASE PRINT OR TYPE)

## IDENTIFYING INFORMATION (Please Print or Type):

Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Race: \_\_\_\_  
(Last) (First) (Middle)  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_ email: \_\_\_\_\_

Custody Status (Please Check): \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other

Parent's/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION: Campers are responsible for their own transportation.**

**INSURANCE INFORMATION:** Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_  
Name of Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_  
Name of Family Doctor: \_\_\_\_\_ Office #: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_

\* Please attach copies of insurance coverage card.

### ***STATEMENT OF RESPONSIBILITY IN LEIU OF INSURANCE***

I, \_\_\_\_\_ (parent/legal guardian/camper) am providing my signature as evidence and verification of fact that I do not have healthcare insurance and am agreeing to accept all financial responsibility of healthcare services that my camper or I may receive that result in charges on my behalf.

Signed \_\_\_\_\_ Date \_\_\_\_\_



7. Mobility Assist:    \_\_\_ None    \_\_\_ Standby    \_\_\_ Total    \_\_\_ No assist
8. Adaptive Devices:    \_\_\_ None    \_\_\_ Braces    \_\_\_ Prosthesis    \_\_\_ Helmet  
                                  \_\_\_ Glasses    \_\_\_ Hearing aid    \_\_\_ Dentures    Other: \_\_\_\_\_
9. Vision:                \_\_\_ Normal    \_\_\_ Partial    \_\_\_ Legally blind    \_\_\_ Total loss
10. Toileting:            \_\_\_ No assist    \_\_\_ Partial assist    \_\_\_ Total assist  
     Bladder control: \_\_\_ Normal    \_\_\_ Partial    \_\_\_ Incontinent    \_\_\_ Needs reminders  
     Bowel control:    \_\_\_ Normal    \_\_\_ Partial    \_\_\_ Incontinent    \_\_\_ Needs reminders  
     Aids used:         \_\_\_ None    \_\_\_ Urinal    \_\_\_ Catheter    Type: \_\_\_\_\_  
                              \_\_\_ Toilet chair    \_\_\_ Diapers    \_\_\_ Bed pan    \_\_\_ Laxatives  
                              \_\_\_ Enema    \_\_\_ Suppositories    Other: \_\_\_\_\_
- List Toileting Schedule: \_\_\_\_\_
11. Washing/Bathing:    \_\_\_ No assist    \_\_\_ Partial assist    \_\_\_ Total assist, aids: \_\_\_\_\_
12. Dressing:            \_\_\_ No assist    \_\_\_ Partial assist    \_\_\_ Total assist, aids: \_\_\_\_\_
13. Feeding:            \_\_\_ No assist    \_\_\_ Partial assist    \_\_\_ Total assist, aids: \_\_\_\_\_
14. Sleeping:            Sleepwalking? \_\_\_ Yes \_\_\_ No  
                               Need to awaken or turn during night? \_\_\_ Yes \_\_\_ No  
                               Can camper sleep on an upper bunk? \_\_\_ Yes \_\_\_ No

## About Me!

### My Typical Day:

I usually get up at this time: \_\_\_\_\_

My favorite things to do are: \_\_\_\_\_

I get really happy when we do this: \_\_\_\_\_

I get really upset when we do this: \_\_\_\_\_

I usually take a nap at this time: \_\_\_\_\_

I usually go to bed at this time: \_\_\_\_\_

When I go to bed, this helps me to sleep: \_\_\_\_\_

This also helps me to go to sleep: \_\_\_\_\_

I have trouble sleeping when this happens (i.e. lightening, storms, noise): \_\_\_\_\_

\_\_\_\_\_

### Mealtimes:

Things I really like to eat: \_\_\_\_\_

Things I really DON'T like to eat: \_\_\_\_\_

Things I am allergic to and CAN'T EAT NO MATTER WHAT: \_\_\_\_\_

My favorite snacks are: \_\_\_\_\_

### My Favorite Things:

These are my favorite things to do: \_\_\_\_\_

### Things I need Help With:

Check all that apply:    \_\_\_ Dressing    \_\_\_ Bathing    \_\_\_ Toileting    \_\_\_ Eating    \_\_\_ Taking  
 Medication  
                              \_\_\_ Brushing My Teeth    \_\_\_ Going To Bed    \_\_\_ Putting On My Shoes    \_\_\_ Drinking

Sometimes I get upset because of these things: \_\_\_\_\_

Here are some things that may help me feel better: \_\_\_\_\_

When I get upset, I might say or do this: \_\_\_\_\_

Other helpful suggestions: \_\_\_\_\_

These things might irritate me: \_\_\_\_\_

Here's how you can help me calm down: \_\_\_\_\_

**Communication:**

Here are some ways to communicate with me so that I'll understand you:

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Here is how I communicate some of my needs:

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Check all that apply:

- Sometimes I say things that you might not understand. I use phrases that don't seem to make sense (.ie. 'no feelies' might refer to the tags on my shirt scratching my skin).
- Sometimes I tend to wander. Keep a special eye out.
- Don't ignore me just because you can't understand me. Staying away from me just makes me more anxious.
- Don't take things that I say personally. I usually don't mean them directly at you.
- Don't move toward me too quickly. It scares me.
- Sometimes I can't sit still for very long.
- Sometimes I argue but I really can't help it. Arguing with me just makes things worse and I get over stimulated.
- Sometimes I do things without thinking them through first or considering the dangers.
- I only eat certain foods. If you force me, I usually vomit mostly because of the textures that my body can't handle.

**Registration Fee & Refund Policy:**

All campers must submit a \$100.00 registration fee per session. The fee can be paid online or by mail. This fee is non-refundable unless TEAAM is notified of non-attendance at least 60 days in advance of the event.

TEAAM makes every attempt to raise money to help keep our cost as low as possible. If you need assistance with camp fees then we have fundraisers that you can participate in to receive Fundraising Credit.

**Special Diets:**

If a camper is on a special diet the following guidelines must be followed. First, we ask that you check with us to see what our menu offers and if slight modifications will accommodate your camper. If the special diet must be implemented then all food for all meals must be brought by you for your camper. We are unable to secure most items for special diets due to lack of availability in our area. We will not be responsible for trying to find these items. Items should be selected for their ease in preparation and should be brought in the most completed stage for serving possible.

# Center Ridge Outpost Program Waiver Form

## Medical Care

I hereby grant to the nurse, camp medic or authorized representatives to furnish or arrange for the furnishing of such hospital and medical care as \_\_\_\_\_ (Name of Camper) might require during such time as he/she is a camper at the Center Ridge Outpost. This medical care shall include, but not be limited to, examinations, treatment, injections, anesthesia, surgery, and other procedures, etc... I understand that I shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said camper.

The nurses, staff and counselors of The Center Ridge Outpost are comprised almost solely of volunteers and/or parents of children diagnosed with autism spectrum disorders. Each is providing their time and services free with no expectation of compensation. Therefore, in the case of an emergency first aid guidelines will be followed and if the need necessitates campers, counselors and/or staff will be transported to the nearest hospital by ambulance or other approved means. Every safety precaution is taken to make each campers camp experience enjoyable and safe.

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ (camper) understand and agree that my child will receive first aid treatment by camp personnel and if the need necessitates will be transported to an emergency medical facility to receive further treatment. I also understand that I will be notified promptly if such an event occurs. I release The Center Ridge Outpost nurses, counselors, staff and/or Board of Directors of TEAAM of all legal and/or financial responsibilities of events and/or treatment that might occur during camp that may result in injury to my child.

Parent's Initials \_\_\_\_\_

## Hold Harmless Waiver

For and in consideration of The Center Ridge Outpost receiving the herein named camper in the camp, and in consideration of the same, and any services which might be performed for the camper, the undersigned, as natural guardian of said camper, for and on behalf of the camp or the undersigned individually, hereby releases, acquits, covenants to hold harmless and indemnify The Center Ridge Outpost, TEAAM, its staff and volunteers and all other persons, firms and corporations associated with them, from all claims, damages, actions, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators, and legal representatives and assigns, arising out of any of the above procedures.

Parent's Initials \_\_\_\_\_

## Zipline Release

Center Ridge Outpost has a zipline as a part of its program. Every precaution is made to make and keep this activity safe for all participants. However, due to the nature of the program there are inherent dangers involved in participating in this program. The structure involves heights that exceed 15 ft, moving pulleys, cable travel, the wearing of a safety harnesses and helmets. I understand that this danger is real and understand that by signing this I release Center Ridge Outpost, its staff and volunteers from all responsibility of injury that might occur from participation and make the following choice for my child:  
(please initial your choice)

\_\_\_\_\_ yes, my child may participate in this program.  
\_\_\_\_\_ no, I do not want my child to participate in this program

## Nerf Blaster Release

Center Ridge Outpost has a Nerf Blaster program as a part of its program. Every precaution is made to keep this activity safe for all participants. The equipment used is comprised of devices that resemble futuristic blaster pistols. These devices shoot small soft projectiles at low velocities. A safety orientation is also a part of this activity. Face masks are utilized during this activity as a safety precaution. Because this activity utilizes devices that resemble weapons, Center Ridge Outpost must have your permission for your camper to participate.  
(please initial your choice)

\_\_\_\_\_ yes, my child may participate in this program.  
\_\_\_\_\_ no, I do not want my child to participate in this program

## Photo Release

The undersigned further grants permission for said camper to be photographed, with such pictures and names to be used in public relations and fund raising efforts to promote programs of TEAAM. Said pictures will not be shared other than for the purposes of promoting TEAAM programs or fulfilling grant obligations. Though names may be shared from time to time, TEAAM's general policy is not to identify participants by name. The Mississippi Council on Developmental Disabilities (MSCDD) often provides TEAAM with grant money. In this case, photos, videos and other image capturing processes are shared with the MSCDD.

Parent's Initials \_\_\_\_\_

## Statement of Exclusion

Failure to agree to the terms previously listed within the Waivers and Releases exempts the applicant from participation in any TEAAM program and said application will be denied.

Witness my hand this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(This does not require a notary signature and/or stamp)