

Camper's Name: \_\_\_\_\_

**HIPAA Notice of Privacy Practices.**

Ability Tree First Coast is required by law to maintain the privacy of Protected Health Information ("PHI"). Ability Tree First Coast is also required to provide individuals with notice of its legal duties and privacy practices with respect to PHI: All staff of Ability Tree First Coast who gather information of a medical nature will follow the terms of this notice.

Please sign below to signify your understanding of our "HIPAA Notice of Privacy Practices." I have read and understand the above paragraph regarding Ability Tree First Coast's "HIPAA Notice of Privacy Practices" Further, I understand I can obtain a current copy of this notice if I so desire.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**FINANCIAL.**

The total cost for ATFC's *CampAbility Special Day Camp* is **\$150.00 per child (with special needs) per session** or **\$125.00 per sibling per session**. Extended day rate is **\$10.00 per child (with special needs) per day** and **\$5.00 per sibling**, not to exceed the family rate of \$20 per day.

I understand in order to secure a spot for my child(ren), I am required to make a \$25.00 non-refundable deposit *per session*. I understand that this deposit will count towards my child's overall cost per session (\$150/session - \$25/deposit = \$125 payment remaining per session; \$125/sibling session - \$25/deposit = \$100 payment remaining per session)

I understand I am responsible for paying each camp session by Monday at drop off. Failure to do so will risk my camper's placement at the camp, and I will be charged \$10 per day as a late fee for each day I have not made payment. After 4 days of non-payment, my camper will be disenrolled.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Camper's Name: \_\_\_\_\_

**DECLARATION OF CONSENT & WAIVER OF LIABILITY.**

Families with children with special needs face challenges above and beyond what typical families face on a daily basis. According to the 2000 Census, there are 54 million Americans living with a disability and close to 9 million are under the age of 15! Ultimately, living with a child with a disability can have profound effects on the entire family - parents, siblings, and extended family members.

This is why we started Ability Tree First Coast, Inc. We want to help grow able families and accessible churches by providing R.E.S.T. (recreation, education, support, and training). However, the greatest source of rest is found in God. The Word of God says, "Come to me, all of you who are weary and carry heavy burdens, and I will give you rest" (Matthew 11:28). We hope that you find this rest today.

In consideration for the services provided by Ability Tree through its programs, I agree to the following terms and conditions of my child's participation.

**AGREEMENT TO PARTICIPATE AND WAIVER OF LIABILITY**

To assist Ability Tree in providing the best care for my child, I agree to provide them with accurate and complete medical information about my child, including all special medical, physical, mental, and emotional need or disabilities that my child may have, on the "child profile form", and to immediately update such information as developments occur from time to time.

I understand the risk of injury to my child inherent in a program whose participants consist of individuals with physical, intellectual, or emotional disabilities, who may exhibit violent or impulsive behavior or suffer from epileptic seizures. During any of the Ability Tree programs and activities, including but not limited to camp, after school programs, respite nights, and family events, my child may engage in activities such as music, art, sports activities utilizing balls or other game equipment, contact with animals, and playground equipment.

To the extent permitted by law, I (we) assume all risks of injury to my (our) child, including those caused by accidents or by the acts of other participants. To the extent permitted by law, I (we) further agree to release Ability Tree as well as ANY ADDITIONAL CHURCH, ORGANIZATION, OR BUSINESS THAT ASSISTS WITH PUTTING ON ABILITY TREE PROGRAMS OR HOLDS ABILITY TREE ACTIVITIES IN THEIR FACILITIES - their staff, volunteers, directors, and agents - of all liability for injury or illness to my (our) child or for damage to my (our) child's property arising during any Ability Tree program or event due to any case except the gross negligence or willful misconduct of Ability Tree staff, volunteers, or agents.

**Please use one form for each child enrolling.**

Child's Name: \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Must be signed by both parents or guardians.**

Camper's Name: \_\_\_\_\_

**PERMISSION/AUTHORIZATION AGREEMENT.**

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

Initial: \_\_\_\_\_ I have fully disclosed to Ability Tree all pertinent facts about my child's special needs and accept full responsibility for failure to do so.

Initial: \_\_\_\_\_ I will supply all necessary food, drink, snacks, and diapers/wipes for my child.

Initial: \_\_\_\_\_ In case of an emergency or accident, I understand that EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for the payment of all EMS, hospital, and physician charges for emergency services to my child.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PUBLICITY RELEASE.**

Ability Tree is an organization seeking to reach out to families impacted by special needs. Because we will want to reach as many families as possible, we may publicize the program through television, radio, newspaper, or internet advertising. The use of your name and your child's name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Ability Tree in the future, complete this form and return it to us. I consent for my child to be photographed. The picture may be used for press releases, journal articles, or other positive publicity related to Camp programs and Ability Tree.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date