



Angel Warriors Foundation Summer Camp

P.O. Box 1583 ~ Alabaster, AL, 35007 ~ Phone (205) 960-2175

Dear Parent/Guardian,

We are excited about our 1st upcoming summer program for the Angel Warriors Foundation! Summer Camp 2017 will take place for three weeks beginning Monday, June 12th and ending Friday, June 30th. The Summer Camp schedule is Monday through Friday 8:00 am until 2:00 pm. We will offer before and after summer care.

Summer Camp enrollment forms and a non-refundable registration fee of \$100 are due no later than April 27th. Spaces are reserved upon receipt of paperwork, registration fee and AWF approval.

Please fill out ALL forms; incomplete forms will be returned. Please make sure you read the paperwork completely, as all the paperwork and policies are very important. Your camper's group assignment and schedule for the first week of camp will be mailed the week of May 16th.

Lastly, there will be the choice of two mandatory Parent/Guardian Orientations offered this year to provide essential information about our summer program to new families. We require that all parents or guardians attend ONE of the sessions (TBD).

Our staff is looking forward to providing a wonderful summer experience for your camper with exciting programs, activities and field trips. Please contact us with any questions via email : jwilliams@angelwarriorsfoundation.org or ezoebelein@angelwarriorsfoundation.org. You can also reach us at 205-960-2175.

Sincerely,

Mrs. Jamia Alexander-Williams
President, Angel Warriors Foundation

Mrs. Erika Zoebelin
Vice President, Angel Warriors Foundation

Angel Warriors Foundation Summer Camp 2017 Youth Enrollment Form

Please read and complete the entire form (PRINT PLEASE).

All information will be held in strictest confidence/privacy.

Participant Name _____

Parent/Guardian Name _____

Billing Preference (please choose one)

_____ Email: email address _____

_____ USPS Mail: billing address _____

Please note that you will be responsible for payment based on the number of weeks your participant is enrolled. Payment is due by June 5th for week 1 (June 12-16), June 12th for week 2 (June 19-23), and June 19th for week 3 (June 26-30). We will accept cash, check, money order, and credit/debit card payments.

Registration Fee \$100 (due no later than 4/27/17)

Full Day Camp (8:00 – 2:00) = \$200 PER WEEK

Indicate the week(s) your camper WILL attend:

_____ **June 12 – June 16**

_____ **June 19 – June 23**

_____ **June 26 – June 30**

Please indicate if the camper will also need Before and/or After Care

_____ Before Care 7:00 am to 8:00 am \$10 FLAT Fee

_____ After Care begins at 2:00 – 4:00 pm and will be \$10 (minimum) per hour

Participant's Information

Last Name _____ First Name _____

Middle Name _____

Preferred Name Called _____

Date of Birth ____/____/____ Age _____ Race _____ Sex _____

Participant's T-shirt Size _____

Participant's Address: _____

Participant's School: _____

Has the participant attended summer camp before? _____ Was it a Special Needs camp? _____

Where & When? _____

How did you hear about us? Friend _____ Media _____ School _____ Other _____

Participant lives with: Both Paternal Parents _____ Mother _____ Father _____ Other _____

Primary Contact _____

Relationship to Participant _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please indicate the best way to contact Primary Contact: _____

Email Address(es) _____

Place of Employment _____

Secondary Contact _____

Relationship to Participant _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please indicate the best way to contact Primary Contact: _____

Email Address(es) _____

Place of Employment _____

Emergency Contact other than those previously listed: _____

Relationship to Participant _____ Phone _____

Participant's Initials: _____

Nature of Exceptionality:

(Please check all that apply)

- Autism Spectrum Disorder Muscular Dystrophy Asthma
 Seizure Disorder Attention Deficit Disorder Shunt
 Juvenile Diabetes Cerebral Palsy Spina Bifada
 Cytomegalovirus Traumatic Brain Injury Visually Impaired
 Learning Disabled Down Syndrome Heart Condition
 Intellectual Disability (please circle if MILD, MODERATE, or SEVERE)
 Multiple Sclerosis Non-verbal

Is the Participant FULLY Toilet Trained? _____

Other _____

Swimming: Swims w/o Lifejacket? _____ Swims w / Lifejacket? _____ Will never get in pool? _____

List of allergies (if no allergies, please write "NONE") _____

Please list all medications, dosages and times medication is administered, even if not to be administered while at the Angel Warriors Foundation Summer Camp. (If no medication is taken/prescribed, please write "NONE"). Please use separate sheet if additional space needed.

Name of Medication	Dosage	Time to be administered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant's Initials: _____

Doctor's Name _____ Phone _____

Hospital Preference _____

Health/Accident Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Please list and describe any medical issues (seizures, diabetes, Allergies, etc.) that we should know about and what steps should be taken should a situation arise regarding the medical issue.

To help us better serve your participant, please list any likes/dislikes, strengths/struggles, preferences or special circumstances that we should know about. (i.e. loves Legos, dislikes movies, special terminology, if they have a favorite toy or item to calm them down, etc.)

Participant's Initials: _____

Transportation Form

Transportation for Field Trips/Swimming

**Permission is granted to transport the participant (name) _____ to
and from field trips and swimming.**

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____

Date _____

Transport for Medical Care for Participant (Name): _____

The President and/or Vice President are authorized to make the decision to have the participant transported for medical care.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____

Date _____

Publicity Consent Waiver

Permission is granted for the participant to be photographed, with said pictures and names to be used in public relations and fundraising efforts to promote the programs and activities of the Angel Warriors Foundation.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____

Date _____

Medical Consent Form

I, the parent/guardian of (participant's name) _____

Give permission to the medical personnel/staff/volunteers participating in activities during the period of _____ (date of event) to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the organizing club of any known conditions and medication requirements. In addition, if the case arises, I authorize the members of medical personnel/staff/volunteers to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____ Date _____

I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Angel Warriors Foundation parties against all claims, actions, causes of actions, liabilities, suits and expenses (including, without limitation, reasonable attorney's fees) that are related to, arise out of or are in any way connected with the Emergency Medical Treatment or the medical Treatment or the Medication Administration. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my family member, personal representatives and heirs may have presently or in the future against the Angel Warriors Foundation Parties in connection therewith.

I HAVE READ THE ABOVE MEDICAL RELEASE AND MEDICATION AUTHORIZATION FORM. AND, BY SIGNING IT, I AGREE THAT IT IS MY INTENTION TO EXEMPT, RELIEVE AND INDEMNIFY ALL OF THE FOUNDATION PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE ARISING FROM OR RELATED TO THE EMERGENCY MEDICAL TREATMENT OR THE MEDICATION ADMINISTRATION. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT. I AGREE THAT, IN THE EVENT THAT ANY PROVISION OF THIS AGREEMENT IS HELD OR ADJUDICATED TO BE CONTRARY TO ANY STATUTE OR LAW OR OTHERWISE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL BE ENFORCEABLE TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____ Date _____

Waiver and Release of Liability and Indemnification Agreement

In consideration of the Angel Warriors Foundation, a nonprofit organization, permitting the undersigned participant (the "Participant") to participate in the social and recreation activities planned, organized and implemented by Anger Warriors Foundation, including, but not limited to (i) those activities planned on the premises of Angel Warriors Foundation, such as social events and basketball and other sports-related activities and (ii) those activities planned off the premises of Angel Warriors Foundation, such as outings to certain places of businesses, education, recreation and enjoyment (collectively, the "Activities"), the Participant and/or the Parent/legal Guardian to the Participant (if required) do hereby agree as follows:

I fully understand and acknowledge that : (a) the Participant's participation in the Activities may result in death, injury or illness, including, without limitation, bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury and/or blindness, heart attack, or either ailments that could cause serious disability; (b) the Participant's participation in the Activities may result in damage to and/or destruction of the Participant's property; (c) these risks and dangers may be caused by the negligence of Angel Warriors Foundation or the directors, officers, agents, employees, organizers, chaperones or volunteers of Angel Warriors Foundation, their successors, assigns or representations, and/or any one or more of them (collectively," Angel Warriors Foundation Parties"), the negligence of other participants or guests, accidents, breaches of contract, the forces of nature or other causes; and (d) these risks and danger many arise from foreseeable or unforeseeable causes. In consideration of Angel Warriors Foundation permitting the Participant to participate in the Activities, I hereby assume, on my own behalf as the Participant or on the behalf of the Participant, all risks and dangers and all responsibility for any losses and/or damages arising in connection with the Activities, whether caused in whole or in part by the negligence or other conduct of Angel Warriors Foundation Parties or by any other person.

I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnity Angel Warriors Foundation Parties from and against and all claim, actions. causes of action, liabilities, suits and expenses (including, without limitation, reasonable attorneys' fees) that are related to, arise out of or are in any way connected with the Participant's Participation in the Activities, whether caused in whole or in part by the negligence or other conduct of Angel Warriors Foundation Parties, or by any other person, I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my family members, personal representatives and heirs may have recently or in the future for the negligent acts or other conduct of Angel Warriors Foundation Parties.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AND, BY SIGNING IT, I AGREE THAT IT IS MY INTENTION TO EXEMPT, RELIEVE AND INDEMNIFY ALL OF THE ANGEL WARRIORS FOUNDATION PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE ARISING FROM OR RELATED TO THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT. I AGREE THAT, STATUTE OR LAW OR OTHERWISE UNENFORCEABLE, THE REMAINING PROVISION SHALL BE ENFORCEABLE TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____

Date _____

Policies for Participation for Angel Warriors Foundation Summer Camp

To maintain adequate staffing and ensure the safety and well-being of all participants, the Angel Warriors Foundation require the following:

Attendance Policy

- a. Participants must adhere to their selected enrollment schedule.
- b. Individuals who wish to participate in the before and after care must let the President or Vice President know in advance of attending to ensure there is adequate staff for that day. Payment is due on the day of attendance.
- c. Extended absences from the program for any length of time without notification will forfeit the tuition. Angel Warriors Foundation reserves the right to offer that vacated spot to an individual on the admission waiting list.
- d. To withdraw from the program, written notice must be given to the President or Vice President 3 (THREE) business days prior to the last day of the participant.

II. Payment Policy

- a. Tuition is billed each Monday prior to the week they are to attend. i.e. Payment is due by June 5th for week 1, June 12th for week 2 and June 19th for week 3. Failure to pay by that Wednesday will result in a \$25 late fee. A \$30 fee will be applied for returned checks.
- b. Credits are not given for absences, including those due to illness, inclement weather or other conditions/circumstances beyond our control.
- c. Angel Warriors Foundation accepts cash, checks, debit cards, credit cards and money orders.
- d. Failure to pick up will result in a late fee if they are not going to After care. It is \$5 for the first 15 minutes and \$10 for every 5 minutes after that.
- e. Program tuition is as follows:

Full Day Camp (8:00 – 2:00) = \$175

Before Care 7:00 am to 8:00 am - \$10 flat fee

After Care begins at 2:00 – 4:00 pm and will be \$10 an hour (minimum)

III. Field Trip/Extra Event Policy

- a. Participants will be signed up for field trips, swimming, extra activities, programs, etc upon receipt of both a completed activity form signed by the parent/guardian and full payment. NO Credits will be issued for field trips missed.

IV. Health Policy

- a. In case of illness, participants must be symptom free without medication for at least 24 hours before attending or returning to the summer camp.
- b. Daily prescription medication to be dispensed by the Angel Warriors Foundation nurse must be provided on a weekly basis only in pre-package, blister pouches provided by the pharmacy. Each pre-packaged pouch contains exact dosages according to the time medication is to be administered. Prescription medication not meeting this standard will not be dispensed.

Policies for Participation for Angel Warriors Foundation Summer Camp (Con't)

- c. Angel Warriors Foundation “Authorization for Medication Form” must be filled out completely for each medication to be administered. The form must match the prescription label. Any medication not meeting this standard will not be dispensed.
- d. Non-prescription medication must be in original packaging and an “Authorization for Medication Form” must be completed. Any medication not meeting this standard will not be dispensed.

V. General Policies

a. Program Criteria:

- Ages 5 – 14
- Must have independent self-help skills (i.e. toileting, feeding without assistance)
- Must be able to follow simple commands and participate in activities with minimal assistance from staff.
- Must have established social maturity to the degree that he or she is able to interact appropriately with program participants.
- The physical, cognitive and medical needs of the participants must be such that they do not require one-on-one assistance or exceed the established participants/staff ratio.
- There will be a 30-day evaluation done by a certified specialist to determine if our camp can adequately address the needs of the participant.
- Must be able to communicate verbally, sign-language or personal device (AWF Summer Camp will not be able to provide any communication devices).

b. Paperwork will be completed upon enrollment by participant family/caregiver. It is the responsibility of the family/caregiver to notify Angel Warriors Foundation of any changes that should be made. All changes will require completion of new paperwork.

c. Angel Warriors Foundation opens at 7:00 am for Before Care.

d. In the case of inclement weather, Angel Warriors Foundation will send out information regarding closings and delays via text messages and email.

e. Please label everything. Angel Warriors Foundation is not responsible for any lost or stolen items.

f. Participants must be signed in and signed out each day by a Parent/Guardian. In the case someone else comes to pick up the participant, please give us their name, address and phone number to keep in the participant’s file.

Policies for Participation for Angel

Please keep the Policies for
this signature page to Angel Warriors



Warriors Foundation Summer Camp

Participation for your records and return
Foundation.

I have read and agree to abide by Angel Warriors Foundation's policies for participation.

Signature of Participant _____

Print Full Name _____

Signature of Participant's Parent/Legal Guardian _____

(required if the Participant is under the age of 19 or otherwise lacks the capacity to execute)

Print Full name _____

Date _____