STRONG4LIFE
A Children's Healthcare of Atlanta Movement

Dear Parent/guardian(s):

Thank you for completing the Camp Strong4Life online application.

Enclosed, you will find the Camp Strong4Life medical form and waivers for 2013. Please fill out all questions as completely as possible. It is important that we know this information about your child so that we can safely serve him or her at camp. The forms must be signed and completed in full and returned two weeks prior to your scheduled family welcome weekend. (See page 2 for specific deadlines.) The medical form requires a physician's signature so plan ahead.

Camp tuition is $350 per camper. You may pay the camp tuition by credit card using the online account that you established during registration or include a check or money order made out to "Children's Healthcare of Atlanta" with your follow-up paperwork. Reference **"**Camp Strong4Life**"** in the memo line of the check. If you requested a scholarship, fill out the appropriate forms in this packet. We will inform you of your scholarship status as soon as we receive the completed packet.

When we receive all completed forms, you will receive a confirmation email, including the dates for which you are scheduled to attend Camp Strong4Life. If your child is not accepted for camp, you will receive a phone call from the Camp Strong4Life staff as soon as possible.

Forms should be returned to:

Children's Healthcare of Atlanta
Attn: Christina Jacobs
1577 Northeast Expressway
Atlanta, GA 30329
Office number: 404-785-7228
campstrong4life@choa.org

We are looking forward to another great season at Camp Strong4Life!

Sincerely,

Lauren Lorenzo
Camp Director

Children's Healthcare of Atlanta

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Camp Strong4Life Dates and Deadlines

Review the camp dates for which you registered. Note the corresponding deadline for returning your paperwork. Keep this form for your records.

We have a long waiting list of excited campers. If we do not receive your completed paperwork by the deadline listed below, we will give your camper's spot to someone on the waiting list. If you are unable to return the paperwork by the set deadline, but would still like to attend camp, contact the Camp Strong4Life staff at 404-785-7228 or campstrong4life@choa.org.

Family Welcome Weekends

March 22 to March 24
April 19 to April 21
April 26 to April 28
May 10 to May 12

Camper Week

July 7th-July 12th

Family Reunion Weekends

August 9 to August 11
September 6 to September 8
September 27 to September 29
October 11 to October 13

*Note: All camp events take place in Winder, Georgia at Camp Twin Lakes, Will-A-Way.

Paperwork must be returned by:

Friday, March 8
Friday, April 5
Friday, April 12
Friday, April 26

Return all paperwork to:

Children's Healthcare of Atlanta
Attn: Christina Jacobs
1577 Northeast Expressway
Atlanta, GA 30329
Office number: 404-785-7228
campstrong4life@choa.org

Children's Healthcare of Atlanta

EXHIBIT 2

CAMP TWIN LAKES

CAMP RELEASE FORM

A. This agreement must be read and signed for you/your child to be eligible to attend Camp Strong4Life **at Camp Twin Lakes.**

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Strong4Life and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Strong4Life program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Strong4Life and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Strong4Life and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Strong4Life at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp Strong4Life activities at Camp Twin Lakes. I also agree to inform Camp Strong4Life of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Strong4Life and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Strong4Life at Camp Twin Lakes.

III. MEDIA RELEASE

I give Camp Strong4Life and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Strong4Life and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Strong4Life or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Strong4Life and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Strong4Life and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X_____ _____

Parent/Guardian/Self Signature Date

GENERAL

CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR
PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)
FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and to disclose information about me to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of Children's. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

_____
Name (please print)

_____ _____
Signature Date

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Immunization History

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are preferable; please attach to this form.

Camper's name: _____ Date of birth: _____

Immunization	Dose 1 Month / Year	Dose 2 Month / Year	Dose 3 Month / Year	Dose 4 Month / Year	Dose 5 Month / Year	Most Recent Dose Month / Year
Diphtheria, tetanus, pertussis * (DTaP) or (Tdap)						
Tetanus booster (dT) or (Tdap)*						
Mumps, measles, rubella (MMR)*						
Haemophilus influenza type B (HIB)						
Polio (IPV)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella* (chicken pox) Or Had chicken pox **Y / N** Date:						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date:	Negative? Positive?

If your camper **has not** been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian_____

Date _____

Relationship to Camper _____

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Camp Physician Medical Form

To be completed by a licensed physician

This examination must be performed within 12 months of camp.

Child's name:_____ Date of Birth:_____

Parent/Guardian:_____

Phone:_____ Cell: _____

Child's Home Address:_____

_____

Child's Sex: M____ F:____ Age:_____ Ht:_____ Wt:_____

B/P:_____

Explain below using code: S -Satisfactory NS– Not Satisfactory

Eyes_____ Ears_____ Nose_____ Throat_____ Heart_____ Lungs _____ Abdomen____ Skin_____ Extremities_____

Abnormal Findings:_____

Allergies:

- ☐ No known allergies
- ☐ To foods (list):_____
- ☐ To medications (list):_____
- ☐ To the environment (insect stings, hay fever, etc.-list):_____
- ☐ Other allergies (list):_____

List allergies with previous reactions:

_____

_____

_____

Diet, Nutrition:

- ☐ Eats a regular diet.
- ☐ Has a medically prescribed meal or dietary restrictions: (**describe below**)
- ☐ Other _____

_____

Camp Physician Medical Form Continued

The camper is undergoing treatment at this time for the following conditions: (**describe below**)

- ☐ None.
- ☐ Other _____
  _____

Medication:

- ☐ No daily medications.
- ☐ Will take the following prescribed medication(s) while at camp: (**name, dose, frequency, describe below**)
  _____
  _____
  _____
  _____

Other treatments/ therapies to be continued at camp: (**describe below**)

- ☐ None needed.
- ☐ Treatments at camp: _____
  _____
  _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illnesses and injury.
Medical personnel: Cross out those items the camper should not be given:
Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE)
Pseudoephedrine (Sudafed)
Chlorpheneramine maleate
Guaifenesin
Detxtromethorphan
Diphenhydramine (Benadryl)
Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite)
Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% Cream
Topical antibiotic cream
Calamine lotion
Aloe

Camp Physician Medical Form Continued

Do you feel that the camper will require limitations or restrictions to activity while at camp?

- ☐ No
- ☐ Yes

If you answered "Yes" to the question above, what do you recommend? (Describe below-attach additional information if needed) _____

_____

_____

Parent/Guardian Authorization for Health Care:
"This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status."

Parent/Guardian signature: _____ **Date:**_____

"I have reviewed the camper's health history, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."

Physician Signature: _____Date:_____

Physician Name Printed: _____Date: _____

Office address: _____

_____

_____Phone:_____

Some questions and content used on this Children's Healthcare of Atlanta form were derived from American Camp Association resources

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Scholarship and Transportation Assistance Application

This form should ONLY be filled out if you indicated on the online camper application that you are applying for a scholarship or transportation assistance. Note: Even with a full scholarship, a minimum payment of $50 (registration fee) will be required from all families.

The $300 Tuition for Camp Strong4Life is one way to illustrate your commitment to attending all required camp events (one family welcome weekend, camper week and one family reunion weekend). Attendance at all camp events is mandatory and essential to making healthy changes within a family. We do not believe that you and your family should miss out on Camp Strong4Life because of financial limitations or inability to provide transportation, but we do ask that you provide documentation to illustrate your commitment to attending all phases of Camp Strong4Life and to making necessary healthy changes in your family.

We ask that you provide 3 commitment letters. One letter should be written by you (the parent/guardian). The second should be written by your camper. The third should be from a supportive adult who does not live in your household who will help you and your family in your wellness journey. This could include a teacher, primary care physician, coach, pastor, aunt, uncle, grandparent, etc.

The letters should address:

- Why you think it is important for your camper to attend Camp Strong4Life
- Any previous changes or efforts you have already attempted to make your home and lives healthier
- Any barriers that may limit your commitment to camp and how you will overcome each

**We prefer typed letters, but will accept hand written submissions.*

If you are applying for a scholarship (not transportation assistance), also provide a copy of your recent pay stub or your 2012 W2 tax form. (You may black out your social security number for security reasons.)

Please gather all forms/letters and place in one large envelope. To reduce the opportunity for papers to be separated, we also ask that you put your child's full name in the bottom right corner of each letter.

Please submit all forms to:
Camp Strong4Life
Attn: Christina Jacobs
1577 Northeast Expressway
Atlanta, GA 30329

Children's Healthcare of Atlanta

Before you send these forms back, please be sure you are mailing:

- Exhibit 2- Camp Twin Lakes release form
- General Consent form and waiver—Photography and video consent form
- Immunization history form
- Camper Physician Medical Form—must be signed by your camper's physician
- *If applicable*: Scholarship and transportation assistance application—three commitment letters and your 2011 W2 form

Forms should be returned to:

Children's Healthcare of Atlanta
Attn: Christina Jacobs
1577 Northeast Expressway
Atlanta, Ga. 30329-2304
Office number: 404-785-7228
campstrong4life@choa.org