



Blackhawk Family Retreat 2019 Application

A CURRENT PHOTO OF YOUR CHILD MUST BE SUBMITTED WITH THIS FORM
CUT/PASTE CURRENT PHOTO HERE

ALL QUESTIONS MUST BE ANSEWRED IN FULL (PLEASE PRINT LEGIBLY)

Parent/Guardian - Contact Information

Parent/Guardian #1

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Relationship to child _____

Food Allergies _____

Other Allergies _____

Parent/Guardian #2

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Relationship to child _____

Food Allergies _____

Other Allergies _____

Child Living with Epilepsy

First Name _____ Middle Name _____ Last Name _____

Gender: Male ___ Female ___

Birth date ____/____/____ Age ____

Street Address _____

City _____ State _____ Zip code _____ Child's Phone _____

Primary Diagnosis _____

Secondary or Other Diagnosis _____

Other Conditions or Concerns (Including psychiatric) _____

Does your child have any food allergies or other allergies that the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Is your child taking any medications to treat these conditions?

Sibling

First Name _____ Middle Name _____ Last Name _____

Gender: Male ___ Female ___

Birth date ____/____/____ Age ____

Street Address _____

City _____ State _____ Zip code _____ Phone _____

Primary Diagnosis _____

Secondary or Other Diagnosis _____

Other Conditions or Concerns (Including psychiatric) _____

Does your child have any food allergies or other allergies that the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Is your child taking any medications to treat these conditions?

Sibling

First Name _____ Middle Name _____ Last Name _____

Gender: Male ___ Female ___

Birth date ____/____/____ Age ____

Street Address _____

City _____ State _____ Zip code _____ Phone _____

Primary Diagnosis _____

Secondary or Other Diagnosis _____

Other Conditions or Concerns (Including psychiatric) _____

Does your child have any food allergies or other allergies that the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Is your child taking any medications to treat these conditions?

Sibling

First Name _____ Middle Name _____ Last Name _____

Gender: Male ___ Female ___

Birth date ____/____/____ Age ____

Street Address _____

City _____ State _____ Zip code _____ Phone _____

Primary Diagnosis _____

Secondary or Other Diagnosis _____

Other Conditions or Concerns (Including psychiatric) _____

Does your child have any food allergies or other allergies that the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Is your child taking any medications to treat these conditions?

Blackhawk Family Retreat 2019 Consent & Release

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your family members) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be signed by the parent/guardian or they will not be allowed to participate in this program or use the facilities or equipment.

PHOTOGRAPHIC RELEASE – In consideration of the furtherance of the purpose of Camp Nageela Midwest, Inc., the Epilepsy Foundation of Greater Chicago and the Epilepsy Foundation of America, I hereby grant permission to the same, their officers, agents, and employees to take photographs or video of me (or my family members) and to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant Camp Nageela Midwest, Inc., the Epilepsy Foundation of Greater Chicago and the Epilepsy Foundation of America the right to use these products.

ACKNOWLEDGEMENT OF RISK OF INJURY CLAUSE – As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my family members) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

WAIVER OF CLAIM FOR INJURY CLAUSE – I agree to waive and relinquish all claims that I (or my family members) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Camp Nageela Midwest, Inc., Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers, agents, servants, employees, and affiliates.

RELEASE FROM LIABILITY CLAUSE – I do hereby fully release and discharge Camp Nageela Midwest, Inc., the Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my family members) on account of participation in the program or use of the facilities or equipment.

INDEMNITY AND DEFENSE CLAUSE – I further agree to indemnify and hold harmless and pay defense costs and defend Camp Nageela Midwest, Inc., the Epilepsy Foundation of Greater Chicago, the Epilepsy Foundation of America, and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my family members) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment of family members by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camp family's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or other's health, safety, or well being at camp.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____