



LEADERSHIP | INTEGRITY | FAITH | EXCELLENCE
at Kanakuk Point 11

PAPERWORK

mail these to AAO to complete your enrollment

- ◆ AAO PARENT RELEASE—this page
- ◆ HEALTH & EMERGENCY INFORMATION FORM– 2 pages herein
- ◆ PHOTOCOPY OF BOTH SIDES OF CAMPER’S INSURANCE CARD
- ◆ KANAKUK RELEASE– last page of this pdf

AAO | 1515 Burr Oak Drive | Fayetteville | AR | 72704

AAO PARENT RELEASE

I consent for the child named herein to participate in any and all activities at Arkansas Athletes Outreach (AAO) L.I.F.E Camp at Kanakuk Point 11 that may include but are not limited to those outlined in the camp brochure. I understand that my child’s participation in these activities can expose him/her to dangers both from known and unanticipated risks, and that such risks may result in bodily injury to my child. I understand that the activities and terrain at camp may present risks with which neither I nor my child may be familiar. I represent that I assume these risks on behalf of myself and/or my child and I agree to save and hold harmless AAO, it’s Board of Directors, staff, volunteers, coaches, counselors or agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the “Released Parties”) from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, “Losses”) arising from or in connection with my child’s participation in AAO L.I.F.E. Camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the “Released Claims”). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I consent for my child to be photographed or videotaped during camp or event activities. Photographs and video footage taken of my child as a result of participation in the activities of Arkansas Athletes Outreach, (AAO) may be used in AAO promotional materials, print, video, and posted to the internet.

AAO is not responsible for the loss or damage of personal items brought to camp.

I have accurately and truthfully answered the Health and Emergency Information form for my Camper. I represent to AAO that (1) My Camper is in good health and has my permission to participate in all Camp activities; (2) if I list and send regular dose medications, that my camper is responsible to take the medications as directed; I understand there is no camp nurse dedicated to administer said medications. (3) I will notify AAO of any changes in my Camper’s health after the date of this authorization; (4) I give full and complete permission to AAO to administer over the counter medications to my Camper as needed. In the event that my child needs medical treatment, I hereby give my permission to AAO to do the following: (1) provide medical treatment to my child; (2) transport my child to a health care provider to obtain medical treatment for my child; (3) to discuss, obtain or provide my child’s medical records to a healthcare provider. I also give my permission to a health care provider to (1) provide medical treatment to my child including, but not limited to, injections, x-rays, anesthesia, or surgery; (2) discuss my child’s medical condition or provide my child’s medical records to any other healthcare provider or to AAO. I understand and agree that (1) camp is located at least a one hour drive from a hospital facility; (2) AAO / Kanakuk does not provide special diets and that allergy producing foods, including but not limited to peanut butter, are served at every meal; (3) AAO / Kanakuk does not have the staff or facilities to properly care for children who have medical, social, behavioral, or psychological needs that require care beyond basic first aid; (4) AAO reserves the exclusive right to refuse enrollment, or send home and forfeit tuition for any Camper who fails to follow Camp rules or poses a threat to the health or safety of others. This authorization may be either electronically copied or photocopied. I understand there are NO REFUNDS.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Print Camper’s Name: _____ **Date** _____

Signature of Parent or Legal Guardian _____



Health and Emergency Information Form: To be completed by parent or guardian

Attach a photocopy of both sides of your child's insurance card to this form and mail to: AAO | 1515 Burr Oak Drive | Fayetteville | AR | 72704

Name: _____

last first middle

Date of Birth: _____ Age: _____ Gender: _____ Year in School (completed): _____

Team 2011/2012: _____ School (fall 2012): _____

Parent's Names: _____

Cell Phone 1: _____ Cell Phone 2: _____

Home Phone: _____ Work Phone: _____

EMAIL: _____ PARENT 2 EMAIL (OPTIONAL IF YOU WANT UPDATES): _____

HOME ADDRESS: _____

CITY: _____ STATE: AR ZIP CODE: _____

Additional contact other than parent/guardian (required):

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Telephone: _____

Insurance/Health Care Provider

Is camper covered by medical/hospital insurance? _____

Carrier: _____ Policy or Group #: _____

Primary care physician: _____ Telephone: _____

Health Information/History (check all that apply, please provide dates)

	Y/N	Date		Y/N	Date
Frequent colds/sore throats	_____	_____	Tuberculosis	_____	_____
Sinus infections.	_____	_____	Chickenpox	_____	_____
Ear infections	_____	_____	Polio	_____	_____
Asthma/Bronchitis	_____	_____	Measles	_____	_____
Fainting	_____	_____	Mumps	_____	_____
Stomach problems	_____	_____	Rubella	_____	_____
Bowel/Bladder problems	_____	_____	Whooping cough	_____	_____
Bed wetting/Sleep walking	_____	_____	Rheumatic fever	_____	_____
Heart problems	_____	_____	Epilepsy/Seizures	_____	_____
Diabetes	_____	_____	Headaches	_____	_____
Menstrual problems	_____	_____	Athletes foot	_____	_____

Operations/Other Serious Injury: _____

Other health problems or issues we should be aware of? _____

Name:

last

first

middle

SI

Camper Name: _____

Allergy Information (if allergic, please indicate allergen)

	Y/N	Allergen
Allergies to medications?	_____	_____
	_____	_____
Allergies to bees/insects/spiders?	_____	_____
Allergies to foods?	_____	_____
	_____	_____
Allergies to pollen/dust?	_____	_____
	_____	_____

Medication Information: Include any medication taken on a regular or as needed basis (prescription and/or over the counter pain or cold medications, etc.)

Name of medication: _____ Dosage: _____
Route of administration: _____ Frequency: _____
Side effects/Special precautions: _____

Will Camper have this medication at camp? _____ Is it required? _____ Or taken as needed? _____

Name of medication: _____ Dosage: _____
Route of administration: _____ Frequency: _____
Side effects/Special precautions: _____

Will Camper have this medication at camp? _____ Is it required? _____ Or taken as needed? _____

NOTE: If your child will be bringing medications to camp, they must be responsible to take them as required. Point 11 nor AAO will have a kamp nurse available to administer medications. Indicate what your camper will be bringing and taking so the AAO coach and staff may be notified that the medications are authorized by you.

Authorization for administration of medications (both prescription and over the counter)

I hereby give permission for my son/daughter, _____ (name) to take/have administered the medications(s) listed above. I understand that all prescriptions and/or over the counter medications must be in their original labeled containers with specific instructions for use on the label. A prescription medication must include the prescription number, medication name, date filled, child's name, prescribing physician's name, pharmacy name, administration instructions and have the expiration date noted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Authorization For Emergency Care

In case of a medical emergency, I understand that every effort will be made to contact the parents/guardians of campers. In the event that I cannot be reached, I hereby give my permission for the following: The physician selected by the camp director may secure proper treatment for, hospitalize, order and administer medications and anesthesia, perform x-rays, special procedures, or surgery if deemed medically necessary by him/her for my child, _____

(name of child)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Point 11/KAA Guest Consent Release Form

- I consent for the child named herein to participate in any and all activities at Point 11/KAA Camp that may include but are not limited to those outlined in the camp brochure.
- I consent for my child to be photographed or videotaped during camp or event activities, and these photos/videos may be used in Point 11/KAA promotional materials.
- I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks, and that such risks may result in bodily injury to my child.
- Acknowledging that such risks exist, I, on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Point 11/KAA, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Point 11/KAA Camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.
- I acknowledge that Point 11/KAA does not provide medical services for any Losses which may arise to my child, and that it is the sole responsibility of the Rental Group to provide such services.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Print Camper's Name: _____

Signature of Parent/Legal Guardian _____

Date _____

Group Name: ARKANSAS ATHLETES OUTREACH, (AAO)

****This must be brought to camp with the group leader, one copy for Point 11, one copy for Group Leader (Complete this and AAO will make the photocopies to deliver to Kanakuk, all together, for our group.)**