



# Special Olympics Discovery Camp

October 16-18, 2015 at Camp Woodsmoke

## REGISTRATION FORM

To learn more about the camp please visit [www.soindiana-rod.org/event/camp](http://www.soindiana-rod.org/event/camp)

**Register by Sept. 25th:** \$30 Includes Camp T-shirt

**Make checks payable to:** Special Olympics Indiana

**Mail registration form and check to:** Special Olympics Indiana, 429 Manchester St., Aurora, IN 47001

**Contact Info:** [info@soindiana-rod.org](mailto:info@soindiana-rod.org) or Greg Townsend 812-584-6861

**You MUST register for this event by Sept. 25th. You can NOT just show up.**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Age Day of Camp \_\_\_\_\_ ☐ Male ☐ Female

Please Circle T-Shirt Size: Youth Med Youth Lg Small Medium Large X-Lg 2X-Lg 3X-Lg 4X-Lg

Level of assistance required by camper: (I = Independent; R = Reminders; VA = Verbal Assistance; PA = Physical Assistance)

\_\_\_\_ Mobility \_\_\_\_ Eating \_\_\_\_ Bathroom \_\_\_\_ Bathing \_\_\_\_ Dressing \_\_\_\_ Brushing Teeth \_\_\_\_ Other \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Day Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Day Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Registration Agreement:** Please initial and sign to indicate understanding and agreement.

\_\_\_\_ I am aware that activities and schedules are subject to change at the discretion of Special Olympics Indiana - Ripley Ohio Dearborn Counties.

\_\_\_\_ I understand that the registration fee is non-refundable. I understand that homesickness, minor illness and change of family plans or conflict/changes in personal schedules are not grounds for a refund.

\_\_\_\_ I understand that it is the camper's responsibility to participate in the whole camp program including work, play, values sharing/code of conduct and living together. I'll ensure that my camper abides by the rules of the program and will explain to him/her that violation of rules/code of conduct related to (but not limited to) alcohol, drugs, inappropriate conversation/contact, tobacco or violence/bullying will result in a dismissal from camp, with no refund. If my camper is dismissed, it will be the parent/guardian's responsibility, either logistically and/or financially for the evacuation of the camper within a two hour notice.

\_\_\_\_ I understand that my camper must be a registered Special Olympics Indiana athlete with an Application to Participation on file and will be required to have a current (less than a year old) medical form on file.

\_\_\_\_ I understand that the volunteer to camper ratio will be 1:4 and agree that this is what is required by my camper.

**WAIVER AND RELEASE:** I fully understand that participating in camp activities may result in accidents, illness or serious injury. I am voluntarily participating in the Special Olympics Discovery Camp (hereinafter the "Event") sponsored by Special Olympics Indiana—Ripley Ohio Dearborn Counties with a complete understanding of the risks associated with participation in the Event. By signing this Waiver and Release Form, I declare that I am medically able, in proper physical condition and capable of safely participating in the Event. In consideration for being allowed to participate in the Event, I agree to defend, release and hold harmless the Special Olympics Indiana, Camp Woodsmoke, and the Event sponsors including each of their respective officers, directors, trustees, members, agents, volunteers and employees from any and all actions, claims, liabilities, damages, costs, expenses (including attorney fees and medical expenses) and losses that may directly or indirectly result from (1) my conduct, (2) my participation in the Event or (3) the conduct of any other persons (including other Event participants and/or members of the general public), who may cause me injury, damage or harm before, during, following and at the Event. I understand and agree that this Waiver and Release is binding on me and my heirs, successors, personal and legal representatives. I hereby give permission to Special Olympics Indiana to use my name, photograph, videotape, motion picture recording, voice and likeness for Special Olympics purposes including pre and post Event publicity. I have carefully read this Waiver and Release and fully understand its content. By my signature below, I consent and agree to the terms of this Waiver and Release.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

I am the parent/legal guardian of a child under the age of 18 years, who is allowed to participate in the Event. By signing below, I consent and agree to the application of this Waiver and Release as it relates to my minor child that I have allowed to participate in the Event.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_