



Camp Wheeze-Away 2017 Application

June 24, 2017, 10:30 am–2:30 pm

Liberty Baptist Church, 5199 Lakeland Dr, Flowood, MS 39232

Important Notes: Camp Wheeze-Away is open to children who have been diagnosed with asthma, ages 6-13. Space is limited. Please be aware that submitting an application does not necessarily guarantee participation in Camp. Applicants will be notified of approval shortly after submission. **Children must be accompanied by a parent or guardian.** Please make sure to bring all asthma medications (including those needed in case of an asthma attack) and any other medications that your child needs during the camp time period. If you have more than one child with asthma, please complete an application for each child.

To be completed by parent or guardian. (PLEASE PRINT CLEARLY)

Child's Full Name _____ Name we should use on name tag _____

Address _____ City _____ State _____ Zip _____

County _____

Date of Birth _____ Age _____ Sex _____ School _____

Name of Parent(s)/Guardian(s) who will be attending (at least one parent/guardian must attend with the child)

Parent/Guardian Phone# _____ Alternate Phone# _____

Email _____

T-shirt sizes (Circle one size for the child and one size for each parent/guardian attending):

For Child – Youth: S M L Adult: S M L XL XXL **For Parent(s)** - Adult: S M L XL XXL

Has your child been diagnosed with asthma? YES NO

Is your child seeing a doctor for asthma? YES NO

Doctor's Name: _____

Does your child measure peak flow rates? YES NO If **YES**, what is the usual reading: _____

Does your child have an Asthma Action Plan? YES NO If **YES**, please bring with you to camp.

Does your child have **ANY** life-threatening allergies? YES NO

If **YES**, please list: _____

Can your child participate without restriction in a program designed for children with asthma?

YES NO If **NO**, explain limitations in activity: _____

Has your child been recently exposed to a contagious disease? YES NO

If **YES**, what disease and when? _____

Any additional information about child's asthma or other medical conditions that camp staff should be aware of?

Participation Waiver:

I acknowledge that in order for my child to attend Camp Wheeze-Away, I must also attend Camp and participate in the parent educational track. I acknowledge that if my child has a medical issue at Camp, I will be responsible for administering the needed medication and for making treatment decisions. If in the unlikely case immediate action needs to be taken, I grant permission to Camp medical volunteers to administer medication and make treatment decisions.

I acknowledge that although the American Lung Association in Mississippi has taken safety measures to minimize the risk of injury to Camp participants, the American Lung Association in Mississippi cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I understand that occasionally accidents occur during Camp activities and that participants may sustain 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 the American Lung Association in Mississippi and Liberty Baptist Church, and any of its officers, directors, employees, volunteers, partners, 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 and my child during or related to my and my child's attendance at Camp.

I understand that it is difficult to know whether allergens are hidden in foods (i.e. seafood, peanuts, tree nuts, and others). If my child or I have an allergic reaction to food during Camp 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 the American Lung Association in Mississippi and Liberty Baptist Church, any of its officers, directors, employees, volunteers, partners, 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 and my child during or related to my and my child's attendance at Camp.

I give the American Lung Association in Mississippi 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. The American Lung Association in Mississippi shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that the American Lung Association in Mississippi shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release the American Lung Association in Mississippi and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by the American Lung Association in Mississippi. 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.

All parents or guardians attending camp must sign below.

1. Parent or guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date _____

2. Parent or guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date _____

RETURN COMPLETED APPLICATION TO:

Mail: American Lung Association, 438 Katherine Drive, Flowood, MS 39232

Email: amy.ellis@LungSE.org

Fax: (601) 206-5813

Questions? Call (601) 206-5810 or visit CampWheeze-Away.org.