

IDENTIFYING INFORMATION BC ADULT REC CAMP 2023



ELIGIBILITY INFORMATION:

I have read Bay Cliff's Adult Rec Camp eligibility criteria and certify that:

- I/Applicant is interested in attending and participating in adult camp programming
- I/Applicant is safe in setting as described
- I/Applicant meets the physical requirements
- I/Applicant meets the interpersonal requirement

Signed: _____ Date: _____

(Printed): _____ Relationship to applicant (circle): Self / Guardian

BASIC INFORMATION:

Name (Last, First): _____

Street Address: _____

City/State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Birthdate: _____ Gender: _____ Medical diagnosis/es: _____

Describe disability (how affected): _____

GUARDIAN INFORMATION (IF APPLICABLE):

Name: _____ Relationship to Applicant: _____

Phone #: _____ Email: _____

Address: _____ City/State/Zip: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to applicant: _____

Phone #: _____ Email: _____

Address: _____ City/State/Zip: _____

MEDICAL INFORMATION:

Name of physician (PCP): _____ Phone: _____

Address: _____

Insurance coverage provider: _____

Group number: _____

*Include a copy of both sides of insurance card with application.

Call or email with any questions: *Tori Grovas*, (906)345-9314 ext.258 or tgrovas@baycliff.org

RELEASES

BC ADULT REC CAMP 2023



INDEMNIFYING RELEASE:

In consideration of the admission of this applicant to Bay Cliff Health Camp's Adult Camp, we hereby waive any and all claims, liability or demands, which we may hereafter acquire against Bay Cliff Health Camp, a Corporation, and against any and all of its officers, directors, and staff arising from or alleged to have arisen from the treatment, care, transportation, and entertainment of said camper while at its said camp in Big Bay, Michigan, and we do hereby indemnify Bay Cliff Health Camp and its officers, directors, and staff and agree to hold them safe and harmless from any and all claims, demands, liability, cost, and expense by or to any person or persons whatsoever arising or occurring as aforesaid.

IN WITNESS WHEREOF we have hereunto executed these presents this _____ day of _____, 20_____.

Signed: _____ Witness: _____

INFORMATION AND MEDIA RELEASE:

Permission is hereby given to hospitals, clinics, rehabilitation centers, and physicians to release records to Bay Cliff Health Camp.

Permission is hereby given for the use of photographs and/or video of applicant recorded during Bay Cliff Health Camp events for Bay Cliff Health Camp print media, the Bay Cliff Health Camp website, Bay Cliff Health Camp social media, and visiting external media outlets for educational and promotional purposes by Bay Cliff Health Camp.

Signed: _____ Date: _____

AUTHORIZATION FOR MEDICAL CARE:

I hereby affirm that I am the applicant or legal guardian of the above named applicant and that the information contained in this application is correct and complete as far as I know. The applicant has permission to engage in all camp activities, including field and bus trips off the camp property, except as noted by me and examining physician. In the event of an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the camper applicant. Permission is hereby given to *U.P. Health System – Marquette* to admit and authorize emergency treatment for applicant. I also authorize the Bay Cliff Health Camp medical staff to administer injections, medications, and drugs as prescribed by the attending physician to the camper applicant. I fully understand that Bay Cliff Health Camp does not provide health or hospitalization insurance. Any cost incurred for prescriptions, laboratory tests, and/or hospitalizations will be paid for by myself or my insurance.

I also give consent to the medical and nursing staff at Bay Cliff Health Camp to perform routine, non-surgical medical care at the camp health cottage, including treatment of minor cuts, abrasions, and the administration of over the counter medications, in accordance with standing orders and policies approved by the camp physician.

Signed: _____ Date: _____

(Printed): _____