



## Camp CADI\*\* New Camper Application Ages 8 to 21

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone # Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

T-Shirt Size:

Youth Sizes:				Adult Sizes:			
<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL

### **Parent/Legal Guardian:**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact:** (Please list someone not living with the child)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone # Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

\*\* Camp CADI is a girls summer camp produced by **Safe Girls Strong Girls**, a non-profit organization.

Applicant's Name: \_\_\_\_\_  
(Last) (First)

**Household:**

With whom does the child live? Please list all household members and their relationship to the child:

**Names of Household Members:**

**Relationship to Child:**

_____	_____
_____	_____
_____	_____
_____	_____

**School Contact:**

Name of School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Primary Physician:**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Therapist Contact:**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Psychiatrist Contact:**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Is the child currently taking medication prescribed by the psychiatrist?  Yes or  No

Applicant's Name: \_\_\_\_\_  
(Last) (First)

What is your child's relationship like with her family? (Does she get along with her siblings? Does she spend time with her parents doing activities? If so, what are the family activities she enjoys?)

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What is your child's relationship like with other household members?

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Does your child have any long-term friendships with her peers (more than 2 years)?  Yes or  No  
If "Yes", how many friendships and with whom:

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Has your child ever stayed overnight away from home without you? If so, how long was she away, where did she go, and how did she react? \_\_\_\_\_

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Why do you believe this program will be beneficial to your child?

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Please list the names of all adults who have permission to pick up your child up from our program.  
(Note: Each of these persons must present a valid picture ID)

_____	_____
_____	_____
_____	_____

Please list the names of any adults to whom we should not release your child?

_____	_____
_____	_____
_____	_____

Applicant's Name: \_\_\_\_\_  
(Last) (First)

Will you need assistance transporting (driving, busing, or flying) your child to our camp location at either the beginning or the end of the program?  Yes or  No

Please include any other information you feel is important for us to know to better assist your child:

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How did you find out about our summer camp?

- |  |  |
|--|--|
| <input type="checkbox"/> Website: _____            | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Brochure: _____           | <input type="checkbox"/> Event: _____  |
| <input type="checkbox"/> Therapist/Doctor: _____   | <input type="checkbox"/> Friend: _____ |
| <input type="checkbox"/> Magazine/Newspaper: _____ | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> TV/Radio: _____           | _____                                  |

Applicant's Name: \_\_\_\_\_  
(Last) (First)

## **Conditions of Attending Camp CADI (for Parents & Guardians):**

1. With the exception of children in foster care, Camp CADI shall have permission to use your child's image and voice recording in any advertisement or promotion concerning Camp CADI. Such use shall include, but not be limited to, display of pictures and images on Camp CADI's website or related websites and any advertisement or promotion on television, radio, newspapers, magazines, films, videos, fliers, etc.
2. Should your child's emergency contact become unavailable during the camp session, you will provide Camp CADI with alternate contact numbers for that person or an alternate emergency contact.
3. In case of medical and/or surgical emergency, you authorize Camp CADI's staff to render to your child or arrange for your child to receive x-rays, anesthetics, medical, dental or surgical diagnosis, surgery, blood transfusion or treatment and hospital care which is deemed advisable by and is rendered under the supervision of any licensed physician, dentist, surgeon or other medical provider licensed to practice in the state of Georgia.
4. You agree that any professional medical services, rendered during the course of a medical emergency, are your financial responsibility.
5. You acknowledge that certain activities of Camp CADI may have an increased risk of injury. You assume full responsibility for your child's safety. You agree to release and indemnify Camp CADI, its corporate identity, and all of its agents, representatives, employees (paid and voluntary), from any claims, costs, expenses, and/or damages which your child may sustain or incur by joining in such activities, unless restrictions for such activities are noted by you or your child's physician in advance.
6. If accepted to attend Camp CADI, you agree to make sure your child arrives at camp when it is scheduled to start and allow her to attend the entire week of camp.

**All information on this application is correct to the best of my knowledge. I acknowledge that I have read and understand this document, and will accept all terms and conditions listed above pending acceptance to Camp CADI.**

Parent/Guardian's Name (*please print*): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First)

By signing below, I give **Safe Girls Strong Girls** permission to contact my child's doctor, therapist, and/or teacher to help determine my child's eligibility for Camp CADI and to help customize the camp experience to meet my child's needs.\*\*

*\*\* In addition to giving Safe Girls Strong Girls permission to contact your child's doctor, therapist, and/or teacher, **you must also contact them yourself** to give them permission to discuss your child with Safe Girls Strong Girls. Please note that in some cases, you will be asked by them to sign a release form.*

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Dates:**

**July 17 – 21, 2011**

**Application Deadline:**

Georgia applicants: **May 16, 2011\*\***

Out-of state applicants: **May 16, 2011\*\***

*\*\* Since there is always a waiting list, we urge you to apply as soon as possible.*

**Applicant's Photo:**

Please submit a **current** photo along with the application.

**Applicant's Health Insurance Card:**

Please submit a copy of the front and back of the applicant's health insurance card along with the application.

**Registration Fee:**

A registration fee of \$75.00\*\* should be submitted along with the application.

*\*\* No camper will be turned away for inability to pay the registration fee.*

**Mail your completed application, photo, insurance card copy, and registration fee to:**

**Safe Girls Strong Girls**  
2870 Peachtree Road  
Suite 144  
Atlanta, GA 30305

If you have any questions or concerns, please call us at **(404) 277-5175** or email us at [amy@safegirlsstronggirls.org](mailto:amy@safegirlsstronggirls.org) and we will respond as quickly as possible.

Applicant's Name: \_\_\_\_\_  
(Last) (First)

**For Girls Only:** *(Must be filled in by the camper)*

First of all, we are thrilled to have you apply for Camp CADI 2011! Camp CADI is a summer camp specially created for girls who are survivors of sexual abuse. We believe that you are a very special, wonderful girl with so much creativity and energy – that is one way you survived! We are excited to get to know you better so please take a moment to answer a few questions.

Why would you like to attend Camp CADI?

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What are your favorite creative activities?

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How do you feel about spending time with other girls who may have experienced abuse like yours?

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Describe an accomplishment that made you especially proud.

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Applicant's Name: \_\_\_\_\_  
(Last) (First)

**Conditions of Attending Camp CADI (for Campers):**

1. If accepted to attend Camp CADI, you agree to complete the entire week of camp.
2. You agree that Camp CADI will not be responsible for the loss, damage or theft of your property.
3. You agree to report any accident or injury at the time of the incident to Camp CADI staff.
4. You agree to abide by all the rules and regulations set forth by Camp CADI.
5. All information regarding campers is *highly* confidential. You agree to never release any information regarding other Camp CADI campers, unless given written permission by Camp CADI.

**All information on this application is correct to the best of my knowledge. I acknowledge that I have read and understand this document, and will accept all terms and conditions listed above pending acceptance to Camp CADI.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First)

## *Camp CADI Camper Health Profile\*\**

*\*\* This form should be completed by the child's **physician** or a **nurse** working for that physician, using the child's medical records and input from the child's parent or guardian. Please include additional pages if the space provided on this form is inadequate to completely answer any of these questions.*

Date of Last Physical / Well Visit (*must be within the past 12 months*): \_\_\_\_\_

List **all** medications the child is currently taking; both prescribed and over-the-counter medicines. Also include approved pain medications that can be taken for headaches, menstrual cramps, etc.:

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Prescribed By \_\_\_\_\_

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Prescribed By \_\_\_\_\_

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Prescribed By \_\_\_\_\_

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Prescribed By \_\_\_\_\_

Other medication information: \_\_\_\_\_

\_\_\_\_\_

Has the child started menstruating?  Yes or  No

If not, would she understand what is happening to her if it starts while she is at camp?  Yes or  No

List any allergies the child has to foods, plants, medications, the environment, etc.:

\_\_\_\_\_

List any dietary restrictions that need to be followed while the child is at camp:

\_\_\_\_\_

Has the child ever been hospitalized?  Yes or  No If "Yes", please explain:

\_\_\_\_\_

Has the child ever had any serious injuries?  Yes or  No If "Yes", please explain:

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First)

Has the child ever ...

- Yes or  No Been restricted from participating in sports for health reasons?
- Yes or  No Passed out or nearly passed out during or after exercise?
- Yes or  No Experienced chest discomfort, pressure or pain during exercise?
- Yes or  No Had skipping or racing heart beats?
- Yes or  No Had high blood pressure, high cholesterol, a heart murmur or heart infection?
- Yes or  No Had a heart test such as an EKG or echocardiogram?
- Yes or  No Been diagnosed with recurrent bronchitis, asthma or wheezing?
- Yes or  No Experienced coughing or wheezing with exercise or used an inhaler?
- Yes or  No Had a herpes viral infection or related cold sores?
- Yes or  No Been diagnosed with a missing kidney or any other organ?
- Yes or  No Had a serious head injury, concussion or "bell ringer"?
- Yes or  No Had numbness, tingling or weakness in an arm or leg after an injury?
- Yes or  No Had a seizure?
- Yes or  No Been diagnosed with sickle cell disease, trait or other blood disorder?
- Yes or  No Needed to wear glasses or contacts? Or does she have any eye problems?

Please explain any "Yes" answers:

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Has the child ever engaged in any unsafe behavior (cutting, running away, promiscuity, eating disorders, self harming, harming others, destroying property, suicide attempts)?  Yes or  No  
If "Yes", please explain:

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By signing below, I attest that I am the medical professional who completed the Camp CADI Camper Health Profile. I also acknowledge that the applicant is in good physical condition and is able to participate in typical summer camp activities. Any contraindications, of which I am aware, have been listed elsewhere on this form.

Physician/Nurse Name (*please print*): \_\_\_\_\_

Physician/Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone #: \_\_\_\_\_