



## Camp CADI\*\* Returning Camper Application Ages 8 – 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.

**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

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)

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

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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

Why do you want your child to return to Camp CADI?

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How has Camp CADI helped your child?

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Is there anything that you, as a parent/guardian, would like to see us do or address at camp this year?

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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 SGSG 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 SGSG. 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.

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

First of all, we are thrilled to have you reapply for Camp CADI 2011 this year! We look forward to seeing you again and we would like to make camp even better for you this year, so please take a moment to answer a few questions.

Why would you like to return to Camp CADI this year?

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What did you like most about Camp CADI last year? What did you like least?

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How has coming to Camp CADI helped you?

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What can Camp CADI help you with this summer?

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What new things would you like to do at Camp CADI this year?

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## **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: \_\_\_\_\_

## **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: \_\_\_\_\_

# 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 \_\_\_\_\_

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 been hospitalized since last year's camp?  Yes or  No If "Yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child had a serious injury since last year's camp?  Yes or  No If "Yes", please explain:

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Since last year's camp, has the child 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 #: \_\_\_\_\_