



**DAY CAMPER APPLICATION**

**Ventilation Assisted Child's Name:** \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Male\_\_ Female \_\_ **T-shirt size** \_\_\_\_\_

**Each camper MUST be accompanied at all times by a designated experienced caretaker (a parent, other adult family member, or nurse). The above named child's designated caretaker will be:**

NAME (Please Print)	RELATIONSHIP	T-Shirt Size
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**Other family members who will be coming to camp are:**

Name	Nickname (if any)	Relationship	Age	T-Shirt size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**VENTILATION ASSISTED CHILD'S INFORMATION**

Diagnosis: \_\_\_\_\_  
 Oxygen \_\_\_ Amount (liters per minute) \_\_\_ hours per day \_\_\_  
 Tracheostomy Dependent \_\_\_ Ventilator Dependent \_\_\_ Weight: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**PHYSICIANS:**

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
 Street \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
 Street \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special diet (if any): \_\_\_\_\_

Walks alone \_\_\_ Needs assistance \_\_\_ Wheelchair \_\_\_ Electric \_\_\_ Manual \_\_\_  
 Paraplegic \_\_\_ Quadriplegic \_\_\_

Verbal communication: Yes \_\_\_ No \_\_\_ If NO, please explain how your child communicates: \_\_\_\_\_

Education: Homebased \_\_\_ School setting \_\_\_ both \_\_\_ Current grade level: \_\_\_\_\_

Interests, Hobbies, Recreation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION:** Families must provide their own transportation to and from camp and may be asked to provide their own field trip transportation if buses are filled.

**We heard about VACC Camp from:** \_\_\_\_\_

**HOW DO YOU THINK YOUR VENTILATION ASSISTED CHILD AND YOUR FAMILY WILL BENEFIT FROM COMING TO CAMP:** \_\_\_\_\_

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

**HOLD HARMLESS AGREEMENT:** I, the parent of the minor child(ren) named in this application, together with my heirs and legal representatives, release and discharge Nicklaus Children's Hospital, its heirs and legal representatives, of and from any and all claims, demands, rights and causes of action of whatever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen causes of action that may be sustained by me or my child(ren) as a consequence of our attendance at the Dr. Moises Simpser VACC Camp. I agree to indemnify Nicklaus Children's Hospital against loss from any and all further claims, demands and actions at law or in equity that may hereafter at any time be made or brought by me or anyone on my behalf for the purpose of enforcing a further claim for damages on account of my and my child(ren)'s attendance at the Dr. Moises Simpser VACC Camp.

**CONSENT FOR PHOTOGRAPHY:** I, the parent of the minor child(ren) named in this application, hereby grant full permission to Nicklaus Children's Hospital to prepare, use, reproduce, publish and exhibit my and my minor child(ren)'s names, pictures, portraits, likenesses, or voices, or any or all of the above, in connection with VACC Camp in any manner deemed necessary by Nicklaus Children's Hospital. I hereby waive all rights of privacy or compensation which I may have in connection with the use of my and my minor child(ren)'s names, pictures, portraits, likenesses, voices, or any or all of the above in connection with the Dr. Moises Simpser VACC Camp and any use to which the same may be put, applied or adapted by Nicklaus Children's Hospital.

**I UNDERSTAND THAT CAMPERS ARE SELECTED BASED ON THEIR ABILITY TO INTERACT WITH OTHERS AND TO BENEFIT MATERIALLY FROM SOCIAL OPPORTUNITIES OFFERED BY THIS PROGRAM. I UNDERSTAND THAT OUR APPLICATION WILL BE SCREENED TO VERIFY OUR ELIGIBILITY TO ATTEND VACC CAMP. I GIVE MY CONSENT FOR CAMP STAFF TO DISCUSS MY VENTILATION ASSISTED CHILD'S MEDICAL AND DEVELOPMENTAL STATUS WITH THE PHYSICIAN(S) NAMED IN THIS APPLICATION.**

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ (very important that we have your email address as that is how we communicate with everyone)

\_\_\_\_\_  
Signature of Parent or Guardian    Relationship    Date    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian    Relationship    Date    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Daytime Phone: \_\_\_\_\_

**Please include a recent full-length photograph of your child, and photos of every person attending camp with you.**

## General Waiver of Liability

*Please fill one out for EACH person attending the Camp.*

In consideration of Shake-A-Leg Miami, Inc. ("SALM") extending to me the opportunity to perform services for, utilize services of, participating in programs provided by SALM, I fully assume all risks that might arise, both known or unknown, and both inherent to the program or activity in which I am engaging and any risks that are not inherent, and waive all liability for all such risks, including without limitation any potential liability that SALM may have for its own negligence or the negligence of any of its agents, officers, directors, or employees, in connection with my participation in the program or activity, and in particular, without limitation, to the extent permitted by law, I and my heirs, representatives, executors, or administrators and my undersigned parent, guardian or aide (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge SALM and its directors, officers, employees, agents, instructors, volunteers, rescue and support personnel, from any and all claims and liability, including without limitation liability for SALM's and its directors', officers', employees', agents', instructors', volunteers', rescue and support personnel own negligence, and all obligations, damages, claims, causes of action, judgements, costs and charges which I may suffer or which may be incurred by me for any reason of any occurrence during my travel to and from the activity or program, and during my participation therein, whether resulting from any acts, omissions or negligence or from acts of God or nature. I also agree to assume liability for all and any damages to SALM property that is under my control while participating in any SALM activity.

During my participation, I hereby agree to comply with all SALM rules and regulations, applicable county and municipal ordinances, and with the laws of the State of Florida and the United States. I further hereby give my full and unconditional permission to SALM for the free use of my name, likeness, and image (including without limitation permission to use any photo and video in which I may appear) in any present or future media story, promotion, advertisement, or account of an SALM related program, event, or activity, including without limitation in connection with any present or future public relations or fundraising event or activity.

**CHOICE OF LAW:** I understand and agree that the law of the State of Florida will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

### Adult Staff / Participants

Printed name:

Signature:

### Youth Staff / Participants

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Minor's name:

Parent's name:

Relationship to minor:

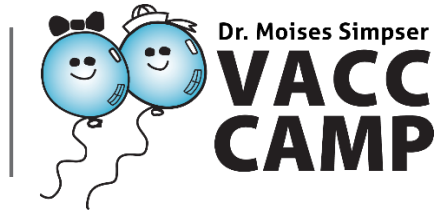
Signature:



Date:



Nicklaus  
Children's  
Hospital



## COVID -19 Disclosure

As you are most likely aware, research has shown and confirmed that risk of exposure to COVID-19 exists in all public places where people gather and are present. In accordance with the CDC (Centers for Disease Control and Prevention), it has also been confirmed that COVID-19 is a very contagious disease which can lead to severe illness or death. Senior citizens and people with underlying medical conditions are at a higher risk and especially vulnerable.

You are expected to make your decision to participate in the Moises Simper's VACC Camp with this information and knowledge.

By signing this letter, you are assuming all risks related to exposure to COVID-19.

We have read the above information concerning the risk of COVID-19 exposure; we fully understand the risk and take full responsibility of all consequences from being exposed.

### Signatures of Parents of VACC Camper Family

Parent 1 signature:

Print name:

Parent 2 signature:

Print name:

### Signature of Caretaker for the Camper

Caretaker Signature:

Print name:

Camper Name:

Date:

*We look forward to seeing all of you at camp enjoying this wonderful opportunity and experience of being able to all get together!*



Dr. Moises Simpser  
**VACC  
CAMP**

## COVID -19 Vaccination Information Disclosure

**Camper Family Members**

**Age**

Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated

Please scan or take a photo of each COVID 19 vaccine certificates and submit those together with the filled application and all other forms included signed. If any member of the family is not vaccinated please explain why.

### Signatures of Parents of VACC Camper Family

Parent 1 signature:

Print name:

Parent 2 signature:

Print name:

Camper name:

Date: