



Applicant Name: _____

Muscular Dystrophy Association

2014 Summer Camp Volunteer Application

We appreciate your interest in volunteering for MDA's summer camp program. Quality volunteers are critical to the Association's goal of providing safe and fun-filled activities for youngsters with neuromuscular disease.

Application Instructions: PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY. Please be sure the information provided in the application is correct and complete. Any false statement or misrepresentation of the facts called for on this application or any unsatisfactory reference check will be cause for denial of your application or your immediate dismissal from camp at MDA's sole discretion. **Volunteers who are currently 17 years old but will be 18 at the start of camp must sign this application accordingly.** Completion of this application does not guarantee you will be offered a volunteer position at MDA Summer Camp. Acceptance is contingent upon evaluation of this application by the MDA Camp Director, MDA medical advisors and other MDA personnel. All information you provide on this form will be used by MDA's Camp Director to advise appropriate camp staff and volunteers only when deemed necessary. MDA reserves the right to deny admission to camp or dismiss from camp a volunteer whose physical condition, mental condition, behavior, personal conduct, or influence on other camp participants is deemed detrimental to the camp community. **If this application is not complete, you will not be eligible for camp.**

A recent color photo is required and must be attached here.

This photo will assist the camp staff in identifying volunteers for medications and in ensuring the safety and security of all participants. While the photo need **not** be a passport photo, it should be a **recent color** photograph of only the applicant.

A pre-camp PHYSICAL examination is required for all volunteers (page 11). This section should be completed by the physician who usually and most frequently cares for the volunteer. The volunteer must be evaluated by such physician or medical professional in the twelve months just prior to the camp session or at any time prior to the camp as may be required by MDA.

Note: For applicants under age 18, one parent/legal guardian signature is sufficient on MDA camp applications. If parents are divorced, the custodial parent should sign the application. If there's joint custody, both parents should sign the application. If a legal guardian is responsible for the volunteer, please attach guardianship documentation.

Volunteer Profile

Name: _____
(Last) (First) (Middle) (Nickname/other surname if any)

Permanent Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____

Previous Address: _____
(Street)

(City) (County) (State) (Zip)

How long at this address? _____

Address during school (If different): _____

Please identify all states lived in as an adult (18 and over): _____

Telephone #: () () ()
(Home) (Work) (Cell Phone)

Date of Birth: ____/____/____ Age: ____ Height: ____ Weight: ____ Sex: Female Male

E-mail Address: _____ Alternate E-mail address: _____

T-Shirt Size: (A or Y sizing) _____ Languages spoken: English Spanish Other: _____

Applicant Name: _____

EDUCATION (Attach additional sheets to provide more information if necessary):

Name of College or High School	City & State	Major Subjects	Year Degree Granted/expected

EMPLOYMENT EXPERIENCE (List most recent experience first; attach additional sheets to provide more information if necessary):

Name of Employer	Nature of Work	Address & Phone	Supervisor Name & Phone #	Dates of Employment	Reason for Leaving

CAMP EXPERIENCE (Camper, counselor or employee - list most recent experience first; include previous MDA camp experience; attach additional sheets to provide more information if necessary):

Position	Camp	City & State	Name of Director	Dates

Previous volunteer experience with MDA (other than camp): _____

How did you hear about volunteer opportunities at MDA Camp? _____

Please explain why you want to be a volunteer at MDA Summer Camp: _____

Have you applied to serve as an MDA camp volunteer this year in any other city? YES NO (CHOOSE ONE)

Not including previous involvement with MDA camp, have you had any experience working with youngsters with disabilities?

YES NO (CHOOSE ONE) If yes, please explain (and identify your supervisor) in this capacity, if any: _____

Please indicate any current certifications or credentials you have that would be helpful in the camp setting (attach documentation verifying credentials/certification). Check all that apply: First Aid WSI CPR Lifeguard Chauffeur License Boater safety other: _____

REFERENCES: Every volunteer applicant is required to provide at least three character references from **NON-FAMILY** members who have first-hand knowledge of the applicant's character, skills and abilities (e.g. employers, teachers/professors, guidance counselors, youth group advisors, etc.) Avoid using solely personal friends as references. **Please provide information for three references.** Former or current camp leadership may not be used as references. All references must be at least 18 years of age. MDA **will** contact references so please be sure the persons named agree to serve in this capacity.

Name _____	Title/Relationship _____
Years known: _____	Email: _____ Phone () _____
Address: _____	
Street	City State Zip

References Continued

Name _____ Title/Relationship _____
 Years known: _____ Email: _____ Phone (____) _____
 Address: _____
 Street City State Zip

Name _____ Title/Relationship _____
 Years known: _____ Email: _____ Phone (____) _____
 Address: _____
 Street City State Zip

Volunteers Under 18 Only

Volunteers who are less than 18 years old as of the beginning of the MDA Summer Camp session must have written Parental Consent to attend Camp. **If you will not yet be 18 years of age when camp begins**, please ask your parent(s) to complete the following and sign each of the statements in this section as well as each subsection of this application.

Parent/Legal Guardian Information: Please specify if mother/father/legal guardian. *If legal guardian, please provide documentation to establish the basis of your guardianship*

	Mother <input type="checkbox"/> or Legal Guardian <input type="checkbox"/> (CHOOSE ONE)	Father <input type="checkbox"/> or Legal Guardian <input type="checkbox"/> (CHOOSE ONE)
Name	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
Home Phone #	(____) _____	(____) _____
Employer	_____	_____
Position	_____	_____
Work Phone #	(____) _____	(____) _____
Cell/Page #	(____) _____	(____) _____
Fax #	(____) _____	(____) _____

Marital Status of Parents: Married Separated Divorced (sole custody) Divorced (joint custody) Single Widowed

My child has my (our) permission to attend as a volunteer and participate in the Muscular Dystrophy Association ("MDA") Summer Camp. I (we) assert that I am (we are) the parent(s)/legal guardian(s) of the above-named applicant and that I (we) have full authority to enroll him/her in the MDA Summer Camp Program, to authorize his/her participation in activities, medical care and to enter into a contract concerning him/her. If legally mandated, I (we) have advised the applicant's other parent/legal guardians of the volunteer's enrollment and he/she has concurred in this enrollment. I (we) recognize that MDA relies upon the representations in this application in considering this applicant's enrollment in camp and I (we) assume full responsibility for any errors or omissions in the information I (we) have provided in this application.

Custodial parent/legal guardian must sign. If joint custody, both parents must sign:

Print Parent/Legal Guardian's Full Name	_____	Print Parent/Legal Guardian's Full Name	_____
Relationship to Applicant	_____	Relationship to Applicant	_____
Parent/Legal Guardian's Signature	_____	Parent/Legal Guardian's Signature	_____
Date	_____	Date	_____

ATTENTION PARENTS OR LEGAL GUARDIANS:

Please list your emergency/vacation telephone number(s) and destination(s) if you will be away or traveling while camp is in session. When bringing your child to camp, please update the camp staff of any changes in your travel plans.

Destination/Travel Schedule: _____

Departure Date: _____ Expected Return Date: _____

Phone #(s) () () ()

Cell Phone #: () Pager #: ()

Address(es): _____

License Plate Number: _____

HOME TRANSPORTATION

Some state laws require the parents/legal guardians of volunteers who are less than 18 years old to specify to whom their child may be released to at the conclusion of camp or sooner if necessary (e.g., grandparents, neighbor, someone with whom the volunteer is sharing the ride home, driving his/herself, etc.).

If a volunteer (under age 18) is not picked up at the designated time on the last day of camp by a parent/guardian, I (we) understand that a designated alternate will be phoned. If necessary, in the event of lengthy delays, **local child protection authorities will be contacted** for assistance in placing the minor(s) in safe custody until the parents/legal guardians are located. Please complete and sign the statement below.

I give permission for my child to drive him/herself to and from camp

I give permission for my child to travel to and/or from camp with the following people:

Name _____ Relationship to Applicant _____

() ()
Phone Number Alt. Phone Number

Name _____ Relationship to Applicant _____

() ()
Phone Number Alt. Phone Number

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

All Volunteers - Criminal Background Checks

Have you ever been *arrested* for a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO

Have you ever been *charged* for a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO

Have you ever been *convicted* of a felony, misdemeanor, traffic violation or driving under the influence of illegal drugs or alcohol? YES NO

If yes to any of the above questions, please explain and give dates of the occurrence and disposition of the criminal charges. (A "yes" answer will not automatically exclude you from consideration.): _____

Do you consent to and authorize MDA to conduct a criminal background (CBC) investigation? YES NO *(CHOOSE ONE)*

Social Security # (required): _____ Date of Birth: _____

Driver's license # (if applicable): _____ Expiration Date: _____

Maiden or other surnames (if applicable): _____

Other than by marriage, has your first or last name changed? If so, please list all previous names: _____

1.) Have you ever been arrested, charged or convicted of any crime relating in any manner to children and/or your conduct with them? YES NO *(CHOOSE ONE)* If yes, please explain (Use a separate sheet if necessary): _____

2.) Have you ever been arrested, charged or convicted of any crime including, but not limited to, the following? *Alcohol related/ assault and battery/ kidnapping/ distribution and trafficking of narcotics or other controlled substances/crimes of indecency/ sexual related crimes/ guns or weapons crimes.* YES NO *(CHOOSE ONE)*

If yes, please explain (Use a separate sheet if necessary.): _____

- 3.) Have you ever been adjudicated liable for civil penalties or damages involving sexual or physical abuse or been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection?
 YES NO (CHOOSE ONE) If yes, please explain (Use a separate sheet if necessary.): _____
-
- 4.) (If applicable) Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children or for any other reason? YES NO (CHOOSE ONE) If yes, please explain (Use a separate sheet if necessary.): _____
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I understand that:

- MDA may deny volunteer opportunities to any applicant who answers any of the questions numbered 1-3 above in the affirmative or who answers any question falsely.
- In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers.
- MDA may deny volunteer service of any applicant for any reason in the best interests of the children at MDA's sole discretion.
- This disclosure statement is subject to review by all MDA staff with a need to know.
- I may be questioned further by MDA staff or other personnel associated with camp on any answer I provide at MDA's sole discretion.

If applicant is 17 or older:

If applicant is under 18 when CBC is completed:

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Volunteer Health and Medical Information

The health and well-being of campers and volunteers are supervised by the camp medical staff. Please complete **all** requested information in the following sections. Please include any additional health issues/concerns you may have that are not specifically requested in the spaces provided. To the extent any information is designated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA), MDA agrees to abide by all applicable laws.

Name of applicant's primary care physician: _____

Address: _____ Phone #: (____) _____

MEDICAL INSURANCE COVERAGE - Do you have medical insurance? YES NO (CHOOSE ONE)

**** If yes, please attach a photocopy of your insurance card to this application.****

Documentation of Immunization Status (please attach): (CHOOSE ONE)

- Copy of current official documented immunization record attached
- Religious Beliefs exemption form (if applicable by state law) signed by participant or parent/guardian attached
- Medical exemption form signed by a physician and participant or parent/guardian attached
- Signed Laboratory Proof of Immunity form attached

Do you have any known?

MEDICATION ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please explain:
FOOD ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please explain:
Additional ALLERGIES* (pet, sun, latex, plants, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please explain:

*Since some campers may be accompanied by service animals, please indicate applicant's typical reaction to and severity of any animal allergies so that appropriate accommodations can be made.

Do you have a history of or are you receiving medications for any of the following illnesses or conditions?

ADD/ADHD	YES	NO	Heart Conditions/Problems	YES	NO
Anxiety/Depression	YES	NO	Hepatitis/Hepatitis Exposure	YES	NO
Asthma	YES	NO	Homesickness	YES	NO
Back/Neck Pain	YES	NO	Panic Attacks	YES	NO
Bee Sting Reactions*	YES	NO	Seizures/Convulsions	YES	NO
Diabetes	YES	NO	Eating Disorder	YES	NO
Emotional Problems/Self Injurious Behavior	YES	NO			

If you indicated any allergies above/or the previous page, will you be bringing an EpiPen to camp with you? YES NO (CHOOSE ONE)

If you answered "yes" to any of the above questions, please explain in detail: _____

Are you currently being seen, or been seen, in the last 3 years by a psychiatrist, psychologist, therapist or any other related specialist for any acute or chronic mental health condition? YES NO (CHOOSE ONE) If yes, list diagnosis and treatment plan: _____

If you responded "yes" to the previous question, may MDA contact the treating health professional to obtain additional information about the condition if the MDA Camp Director or medical staff feels it is necessary and in the best interest of the camp community? YES NO

Name of Contact: _____ Phone: (_____) _____

Specialty (i.e. physician, psychiatrist, therapist, etc.): _____

E-mail: _____

Are you (your child) physically able to lift and care for a camper? YES NO (CHOOSE ONE) If no, please explain: _____

Do you have any medical, mental or emotional conditions which may affect your (your child's) ability to perform any of the essential functions of an MDA camp volunteer? YES NO (CHOOSE ONE) If yes, explain: _____

Have you had any recent operations or serious injuries? YES NO (CHOOSE ONE) If yes, please specify and list the dates they occurred: _____

Is there any medical information that is pertinent to your application and which the medical staff should be aware of? (e.g. special diet, pregnancy, motion sickness, recent or upcoming surgeries, serious injuries, depression, suicide threats or attempts, eating disorder, anxiety disorder, etc.) YES NO (CHOOSE ONE) If yes, please explain: _____

Have you (your child) been exposed to a communicable disease (e.g. head lice, strep throat, mononucleosis, etc.) in the last six (6) months? YES NO (CHOOSE ONE) If yes, please describe: _____

IMPORTANT: PLEASE NOTIFY THE MDA OFFICE IF YOU HAVE (YOUR CHILD HAS) BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION.

MEDICATIONS

Camp regulations require that ALL medications be administered by the camp medical staff. All prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills", anxiety disorder medications) and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultations with the health staff.

PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK CAMP STAY PLUS 2 ADDITIONAL DAYS. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACY LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.

Please complete the listing below with all medications, including non-prescription medications such as dietary supplements, you are (your child is) taking, and the schedule by which they are given. (Attach a separate sheet detailing all other medications if additional writing space is required.)

(CHOOSE ONE) I take the below medications I am not taking any medications at this time

_____	_____	_____	_____
Medication Name	Dose	Reason for Medication	Time Doses Are Given
_____	_____	_____	_____
Medication Name	Dose	Reason for Medication	Time Doses Are Given
_____	_____	_____	_____
Medication Name	Dose	Reason for Medication	Time Doses Are Given

MEDICAL CONSENT

I hereby give permission for the camp medical staff to administer to me (my child) the following (or similar brand of) over-the-counter medications if deemed necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache.....	Acetaminophen or Ibuprofen	Diarrhea.....	Imodium AD
Upset Stomach.....	Pepto Bismol	Menstrual Cramps.....	Ibuprofen
Poison Ivy.....	Hydrocortisone cream	Constipation.....	Dulcolax/Fleet/Enema/Miralax
Allergy/Congestion/Cold.....	Benadryl/Sudafed		

If applicant is 17 or older:		If applicant is under 18:	
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Parent or Legal Guardian	Date
_____	_____	_____	_____
		Signature of Parent or Legal Guardian	Date

The health history contained in this application is correct so far as I (we) know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me (us) and/or an examining physician. I certify to the best of my knowledge, I (my child) does not have any contagious or communicable disease or condition. I (we) also understand that MDA and the camp are not responsible for illness due to previous injuries, poor health conditions or illness incidental to attending camp.

If there should be an emergency while I (my child) am (is) at the MDA Summer Camp or going to and from camp, I (we) authorize treatment by the MDA Summer Camp medical staff. The MDA Summer Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as address serious medical conditions. I (we) also authorize routine treatment by the MDA Summer Camp medical staff during the week of camp. I (we) authorize the MDA Camp Director or medical staff of the camp to select and designate emergency medical personnel, nurses, physicians, and/or surgeons to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I (we) further absolve MDA, the camp and camp volunteers, staff and participants from any and all liability for their reasonable acts done in good faith.

If applicant is 17 or older:		If applicant is under 18:	
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Parent or Legal Guardian	Date
_____	_____	_____	_____
		Signature of Parent or Legal Guardian	Date

EMERGENCY CONTACTS (2 Contacts Required)

In the event of a serious medical problem, the medical staff or the MDA Camp Director will contact parents or persons listed below to advise them of the volunteer's condition, treatment or need for continued medical attention. If the volunteer is under 18 and we are unable to reach a parent, we will call the emergency contacts listed below.

For volunteers under age 18, we will make every effort to contact the parents first.

These individuals have been advised and have agreed to serve as emergency contacts:

In case of emergency, and parent/legal guardian is unavailable, please call primary emergency contact first: _____ Name of Primary Contact _____ Relationship to Applicant _____ City () () Phone # - day Phone # - evening () Cell/Pager #	Secondary non-parent/legal guardian emergency contact: _____ Name of Secondary Contact _____ Relationship to Applicant _____ City () () Phone # - day Phone # - evening () Cell/Pager #
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If applicant is under 18:
 Can the individuals listed above also act on your behalf to make **non-emergency decisions** regarding activities or other services provided to your child while at camp? YES NO (CHOOSE ONE)

<p>If applicant is 17 or older:</p> _____ Signature of Parent/Legal Guardian Date	<p>If applicant is under 18:</p> _____ Signature of Parent/Legal Guardian Date _____ Signature of Parent/Legal Guardian Date
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PHOTO CONSENT AGREEMENT

MDA regularly photographs and films summer camp and participants in the camp program for fund-raising and publicity purposes. The following consent form allows MDA to use your (your child's) photograph or film for these purposes.

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting me (my child) to attend MDA Summer Camp, I hereby give my consent to MDA, its officers, directors, employees, agents, chapters, assignees, licensees, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my (my child's) name, picture, portrait, likeness, writings, biographical information (including, if applicable, neuromuscular disease diagnosis), audiotape and/or videotape recordings and sound and/or silent motion pictures of me (my child) and my (my child's) real and/or personal property in any medium, including, without limitation, MDA's websites and MDA's pages on social networking websites (e.g., Facebook), for use in camp yearbook, editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of MDA, without payment to me or my child.

This consent shall be binding upon me (my child), my (my child's) heirs, executors, administrator, assigns, and all legal guardians (of my child).

If applicant is 17 or older:		If applicant is under 18:	
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Parent or Legal Guardian	Date
		_____	_____
		Signature of Parent or Legal Guardian	Date

ROSTER RELEASE

I hereby give my consent for my (my child's) name to be included in the MDA Summer Camp Roster and camp yearbook.

If applicant is 17 or older:		If applicant is under 18:	
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Parent or Legal Guardian	Date
		_____	_____
		Signature of Parent or Legal Guardian	Date

RELEASE INFORMATION

In consideration of Muscular Dystrophy Association, Inc.'s ("MDA's") permitting me (my child who is under 18) to attend MDA Summer Camp, I hereby, and for my (and my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I (and my child) may have against MDA, its directors, officers, employees, counselors, volunteers, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I (or my child) may suffer while taking part in MDA Summer Camp or any activities connected with the MDA Summer Camp. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.** I further understand that I (and my child) assume all risks in participating in MDA Summer Camp. I further recognize that MDA and the camp cannot be held responsible for personal injury, death, and loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. In addition, I understand that some camp counselors or volunteers may be under age eighteen. I also acknowledge that any activity in which I (my child) may choose to participate with MDA campers or volunteers after the close of camp session is at my (my child's) own risk.

This release shall be binding upon me (my child), my (my child's) heirs, executors, administrators, assigns (and all legal guardians of my child).

I (we) acknowledge that MDA's Camp program typically may include but is not limited to the following activities:

Archery / Boating / Horseback riding / Motorcycle sidecar or 3-wheel cycle rides / Swimming / Challenge Course / Zip-Lines

In addition, the following special activities may be included in the camp program and I am (we are) accepting responsibility as stated above for my child to participate: _____

If applicant is 17 or older:		If applicant is under 18:	
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Parent or Legal Guardian	Date
		_____	_____
		Signature of Parent or Legal Guardian	Date

MDA SUMMER CAMP POLICIES

Please read the following MDA Summer Camp Practices and Policies Agreement carefully and thoughtfully, then sign the statement of compliance that follows. If participant is under the age of 18, parents should discuss the following policies with their child and have him/her sign where indicated below.

RESPECT: Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a responsibility to respect the camp leadership, as well as the health and well-being of the MDA camp community. Personal information about campers received during orientation or the camp session must be held in strictest confidence. Each camp participant is expected to be a considerate cabin mate and be respectful to people and their belongings. Profanity is not allowed and hazing and initiations are not permitted.

MEDICAL SERVICES: Every camp participant must turn in a completed pre-camp physical form prior to camp. The camp will provide medical care to anyone who becomes ill or injured during the camp session. All treatment and/or health care will be administered by authorized and licensed medical team members.

Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

CELL PHONES: Cell phones are not allowed at MDA Summer Camp. Any cell phones brought to camp will be collected by MDA staff. MDA is not liable for any damage to cell phones brought to camp.

DRESS CODE: Females should wear one piece bathing suits only. Please do not wear "short shorts," low cut tanks, or shirts with inappropriate slogans. Shirts promoting liquor or with sexual references are not appropriate at camp. Please wear closed toe shoes at all times. No flip-flops.

MORAL BEHAVIOR: Everyone at camp is expected to behave in a morally upstanding way. Public displays of affection between campers and/or volunteers is not tolerated. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden and will result in immediate dismissal from camp.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day. All campers and volunteers are expected to return to and remain in their sleeping quarters with lights out by the curfew established by MDA's Camp Director. These curfews will be strictly enforced and breaking curfew will result in the camp participant's immediate dismissal from camp.

CAMPGROUNDS: MDA leases facilities to host local summer camp sessions. The camp's facilities and equipment should be treated with the utmost care and respect. All camp participants should take care not to damage or destroy any camp property and to be considerate of all wildlife on the campgrounds.

ACTIVITY SCHEDULE: Camp participants are expected to take part in the daily camp program by following the camp schedule and attending activities.

TIME OFF: Each volunteer is entitled to a daily break as scheduled by the MDA Camp Director. Camp participants may not leave the campgrounds without written approval from the MDA Camp Director.

TRAVEL-IN-THREE'S SYSTEM: Every camper must be accompanied by at least two volunteers at all times. Our camp community is safer and functions better when we all stay in groups. If you need to leave your cabin group for any reason whatsoever, you must talk with your cabin leader or the camp director to figure out the safest plan for everyone.

VISITORS: Sponsors' Day is primarily for MDA sponsors and key volunteers. No other visiting is permitted, including parents and friends of camp participants, during the camp week.

VALUABLES AND CASH: Everyone is urged not to bring valued clothing, accessories, computer or camera equipment. MDA and the camp are not responsible for loss or damage to personal property. For individuals who drive themselves to the campsite, you are required to turn your keys over to the MDA Camp Director for safe keeping until departure day.

SMOKING: All participants must abide by the smoking policies established by the MDA Camp Director and camp facility.

ALCOHOL, DRUGS AND WEAPONS ARE FORBIDDEN: The possession or use of alcoholic beverages and the possession or use of illegal drugs are strictly forbidden and will be grounds for immediate dismissal from camp. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well. The weapon will be confiscated and the participant will be dismissed from camp.

In order to attend the MDA Summer Camp, I (my son or daughter) will adhere to the rules set forth here and those established before and during the camp session:

1. I (my child) will respect the camp leadership and the entire camp community.
2. I (my child) understand(s) that the paramount interest at MDA Summer Camp is the safety and best interests of the campers and that my (my child's) main objective is to help provide a positive and safe experience for those youngsters in attendance.
3. I (my child) will serve as counselor/program staff/or general volunteer for the MDA Summer Camp in a professional and courteous manner.

I (my child has) have read the Practices and Policies and agree to abide by the policies detailed in this contract, as well as those established by the MDA Camp Director and his/her designated camp assistants. I am (we are) fully aware that adhering to the above and any camp facility rules will be my (my child's) sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I (we) will have to make arrangements for transportation at my (our) sole expense. If I am (my child is) under 18, I (we) understand that my parents (we) will be notified of the above action.

<i>(ALL applicants must sign here)</i>	
_____ Signature of Applicant	_____ Date

<i>(If applicant is under 18)</i>	
_____ Signature of Parent/Legal Guardian	_____ Date
_____ Signature of Parent/Legal Guardian	_____ Date

MDA SUMMER CAMP PRE-CAMP PHYSICAL

This section is to be completed by the volunteer's primary care physician, or other primary medical professional, and is used to determine if the applicant is eligible to volunteer at MDA summer camp. This evaluation must take place in the twelve months prior to the camp session.

Volunteer's Name: _____ Age: _____

Vital Signs: Height: _____ Weight: _____ Pulse: _____
Resp. Rate (resting): _____ Blood Pressure (Resting, Sitting): _____

General Inspection: _____

STATUS, ESSENTIAL FINDINGS, DEVIATING FROM NORMAL

Head.....	.....
Eyes/Vision.....	.....
Nose.....	.....
Mouth/Teeth.....	.....
Ears/Hearing.....	.....
Neck/Thyroid.....	.....
Thorax/Lungs.....	.....
Heart.....	.....
Abdomen/Hernia.....	.....
Skin.....	.....
Lymphatics.....	.....
Spine.....	.....
Extremities.....	.....
Emotional Status.....	.....

NOTE TO HEALTH PROVIDER:

The above named person wishes to participate as a volunteer at the Muscular Dystrophy Association Summer Camp. Participation involves group living and activities in an outdoor setting, a high level of physical activity, swimming, and attending to the needs of individuals with serious and often life-threatening neuromuscular diseases. At a limited number of camps, camp participants may be exposed to high altitude.

- In your medical opinion, is MDA camp an appropriate environment for this individual?**
 YES NO (CHOOSE ONE)

I have examined the person herein described and have reviewed his/her health history.

- Is it your opinion that the applicant is medically, physically and emotionally able to participate as a volunteer at the MDA Summer Camp, which includes a high level of physical activity -- including lifting and caring for individuals affected by a neuromuscular disorder?**
 YES NO (CHOOSE ONE)

If no, please explain: _____

A PHYSICIAN/HEALTH PROFESSIONAL MUST SIGN IN THE SPACE PROVIDED BELOW:

Physician/Medical Professional's Name (Please Print)	Address
Physician/Medical Professional's Signature	City
Date	() Phone #