



**Heartland Independent Living Center
Disability Awareness Camp**

August 1-5, 2022

8:30 am-11:30 am

Please complete and send back to: HILC@heartlandilc.org or drop off at
or mail to: HILC, 1010 Highway 28, Attn: DAE Team, Owensville, MO
65066

Child's Name: _____ Grade for 22-23 School Year: 2nd 3rd 4th 5th
(Please circle)

Address: _____
Street City Zip Code

Phone #: () - Child's Date of Birth: / /

Child's T-Shirt Size: (Circle appropriate size) **Youth:** Small Medium Large X-Large
Adult: Small Medium Large X-Large

Parent Information: Fathers Name: _____

Fathers Phone #'s: Home: _____ Cell: _____ Work: _____
Fathers Address: (If different than above) _____
Street City Zip

Mothers Name: _____

Mothers Phone #'s: Home: _____ Cell: _____ Work: _____
Mothers Address: (If different than above) _____
Street City Zip

PICK UP AUTHORIZATION AND EMERGENCY CONTACTS

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Child's Doctor: _____ Phone #: _____

Hospital Preference: _____

Does your child have any medical conditions that we should know about? ___ YES ___ NO

If yes, please list or describe: _____

Does your child have any allergies that we should know about? ____ YES ____ NO

If yes, please list or describe: _____

My child has permission to attend Heartland Independent Living Centers Disability Awareness Camp. I understand that in the event my child requires medical treatment while engaged in a Heartland Independent Living Centers approved activity, reasonable efforts will be made to contact me.

However, if I cannot be reached, I hereby consent and give permission to the Heartland Independent Living Centers Director or any adult counselor acting on behalf of HILC with respect to the activity, as agent for me. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and HILC's medical hospitalization coverage (subject to exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage.

I agree and consent to any x-ray exam, injections, anesthesia, medical, dental or surgical diagnosis, treatment and hospital care, treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where services are rendered, either as an outpatient or in any hospital.

I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from HILC's medical and hospitalization coverage.

Parent's Signature: _____ Date: _____

MEDIA RELEASE

I grant permission to Heartland Independent Living Centers Disability Awareness Camp, its agents, and its employees, the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Heartland Independent Living Centers Disability Awareness Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Heartland Independent Living Centers Disability Awareness Camp. I hereby release Heartland Independent Living Centers Disability Awareness Camp and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Parent's Signature: _____ Date _____