



# 2020 GILMONT Circle of Friends Camp Family Application

**Important - In addition to this page, please complete:**

- Assumption of Risk/Release Affidavit
- Health History/Contact Form
  - *One for each child* attending Circle of Friends
- Special Care Considerations for Camper with Disability Form
  - *One for each child* with a disability

Family Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

**Please check which camp you are interested in attending:**

\_\_\_ Memorial Day                      \_\_\_ August                      \_\_\_ Labor Day

**Please list all family members who will attend this camp.**

Name	Age	M/F	If person has a disability, please label what below

**APPLICATION IS TO BE RETURNED TO GILMONT BY MAIL, E-MAIL, OR FAX AT LEAST 2 WEEKS BEFORE CAMP.**

To ensure your application is processed in a timely manner, please be sure you have included all required documents before submitting.

**Mail (allow 2-3 business days):** 6075 State Hwy. N. Gilmer, TX 75644

**E-mail (recommended):** [cof@gilmont.org](mailto:cof@gilmont.org)

**Fax:** (903)797-2279      **Phone:** (903)797-6400

*Attention to:*

Arika Bright , Circle of Friends Program Coordinator  
 Phone: 903-241-4424

# Special Care Considerations for Camper with Disability

If you have more than 1 child with a disability, please copy this and fill out for each child, so we can have specific information for each child.

Information about camper with disability: Please give the following information, so that we may take care of your camper as well as possible and address any special needs.

**Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** M / F  
**Primary Language Spoken:** \_\_\_\_\_ **Primary Diagnosis:** \_\_\_\_\_  
**Additional Diagnosis (if any):** \_\_\_\_\_  
**School Setting (current placement/classroom and grade):** \_\_\_\_\_

**Check all that apply:**

**Daily Activities:**

**Eating:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No assistance                 | <input type="checkbox"/> Difficulty swallowing solids  | <input type="checkbox"/> Total assistance  |
| <input type="checkbox"/> Assist with cutting           | <input type="checkbox"/> Difficulty swallowing liquids | <input type="checkbox"/> Has tongue thrust |
| <input type="checkbox"/> Assist with drinking          | <input type="checkbox"/> Has to have food blended      | <input type="checkbox"/> Must use straw    |
| <input type="checkbox"/> Will provide special utensils |  |  |

*Food Allergies:* \_\_\_\_\_

*Requires a special diet:* \_\_\_\_\_

**Behavior:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Needs one-on one             | <input type="checkbox"/> Is hyperactive                     | <input type="checkbox"/> Demands center of attention |
| <input type="checkbox"/> Uses foul language           | <input type="checkbox"/> Does not mix well with groups      | <input type="checkbox"/> Easily Angered              |
| <input type="checkbox"/> Bi-polar/depression          | <input type="checkbox"/> Problem leaving parents            | <input type="checkbox"/> Aggressive when upset       |
| <input type="checkbox"/> Does not follow instructions | <input type="checkbox"/> Does not understand to be cautious |  |

Circle one:

Frequency Per Day:

<b>Hitting:</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Biting:</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Running Away:</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Head Banging:</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Spitting:</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Pica (eating non-edible items):</b>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
<b>Other:</b> (please list) `					
_____	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____
_____	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>N/A</i>	_____

If camper has a behavior plan, please explain: \_\_\_\_\_

**Daily Activities (Continued):**

**Toileting:**

- No assistance / will go on their own
- Total assistance (will need to be taken by parent)
- Not trained / uses diapers
- Needs some assistance (Please describe: \_\_\_\_\_ )

**Recreation:**

**Swimming:**

- Swims well
- Needs one-on-one supervision
- Does not swim
- Needs floatation devices
- Shallow end only
- Will bring floats
- Can swim in deep water
- Prone to ear infections from water
- Can't get head wet
- Has tubes in ears
- Other: \_\_\_\_\_

**Zipline:** *(must be at least 11 years old)*

- Will be allowed to participate
- Will not be allowed or want to participate
- If yes:*
- Can climb up on their own
- Will need to be lifted up

**Canoeing:**

- Will be allowed to participate
- Will not be allowed or want to participate

**Archery:** *(must be at least 8 years old)*

- Will be allowed to participate
- Will not be allowed or want to participate

**Hiking:**

- Will be allowed to participate
- Will not be allowed or want to participate

**Additional Outdoor Information:**

- Sunburns easily; must use sunscreen
- Allergic to insect bites; use repellent
- Overheats quickly

**Communication and Senses:**

**Briefly describe your child's level of communication:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ways of Communication:**

<i>Check one:</i>	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>	<i>Comments:</i>
Vocal (spoken words)	( )	( )	( )	_____
Grunting	( )	( )	( )	_____
Sign Language	( )	( )	( )	_____
Gestures	( )	( )	( )	_____
Pointing/Leading	( )	( )	( )	_____
Picture Symbols	( )	( )	( )	_____
Communication Device	( )	( )	( )	_____

**Eyesight:**

- Good
- Wears glasses
- Blind
- Other: \_\_\_\_\_

**Hearing:**

- Good
- Wears hearing aid(s)
- Deaf
- Wears noise cancelling headphones
- Other: \_\_\_\_\_

**Level of Independence:**

	<i>No Assistance</i>	<i>Needs Assistance</i>
Walks	( )	( )
Wheelchair	( )	( )
Electric Chair	( )	( )

Define your child's fine motor skills ability level: \_\_\_\_\_

**Medical Care:**

\_\_\_ Catheter      \_\_\_ G-Tube      \_\_\_ Trach      \_\_\_ Other: \_\_\_\_\_

Does your child require rest/nap during the day?      \_\_\_ Yes      \_\_\_ No  
Does your child have seizures?      \_\_\_ Yes      \_\_\_ No  
Does your child have an Epi-Pen?      \_\_\_ Yes      \_\_\_ No

**Additional Information:**

List activities your child **likes**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List activities your child **dislikes**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any restrictions/special needs while at camp not noted above? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information I should know about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of parent completing form \_\_\_\_\_ Date \_\_\_\_\_

This page is for your children that do not have special needs, so we can know a little about them before they arrive to camp.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Likes: \_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Things a volunteer should know about (Ex: My child likes to run constantly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Likes: \_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Things a volunteer should know about (Ex: My child likes to run constantly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Likes: \_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Things a volunteer should know about (Ex: My child likes to run constantly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Likes: \_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Things a volunteer should know about (Ex: My child likes to run constantly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release:**

I/we hereby give my/our consent for my/our family to be photographed (including video) for use in the proper interest of Gilmont Camp and Conference Center, including but not limited to use in newspapers, promotional video, T.V. or brochure.

Yes      No

If checking yes, each family member over 17, who will attend this camp, must sign below.

<b>Name:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Date:</b> _____

**Note:** Use the space below for additional information that you feel we may need.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# ASSUMPTION OF RISK AND RELEASE AFFIDAVIT For Individuals and Families

PRESBYTERIAN CAMPS AT GILMONT, INC/ "CAMP GILMONT"

The undersigned has contracted with Camp Gilmont of Gilmer, Texas to participate in a camp program or programs. To allow participation in the activities organized and conducted, Camp Gilmont wishes to make known there is inherent risk in many of the programs offered. These programs include but are not limited to: swimming, hiking, hay rides, boating, group athletic events, the Challenge Course, mountain biking, and archery.

Swimming is conducted in the pool only, which has a zero depth entry at one end and is 5 feet deep at the other end. No diving is allowed. Canoe activities are conducted in the camp lake; PFD's must be worn. Lifeguards will be on duty for both of these water activities.

The low ropes section of the Challenge Course involves supervised participation in the elements, which may be wooden platforms, boards, wires or other objects that may be 1 to 13 feet off the ground. These elements require group participation, and participants must use safety harnesses, helmets, and a rope belay system attached to the instructor.

The mountain biking program involves supervised participation outdoors, on trails in wooded areas, steep and rocky areas, and open field areas. Helmets are required to ensure safety. The archery program involves supervised participation outdoors in an open field, with clearly marked safety buffers around it, and backstops behind each target area. The range has clearly marked shooting lines.

The **signature on this document** shall serve as **permission for participation, and the release and assumption of risk**. The Undersigned assumes ordinary risks involved due to the nature of the program(s) and will hold Camp Gilmont harmless from any and all liability whatsoever may arise from, or in connection with the program(s) except for claims arising from gross negligence or willful acts of employees or staff.

Please check which program(s) in which your child is allowed to participate. ***The following program options are not guaranteed. The Program Director schedules activities according to the program plan for each camp; this shall serve as a permission/release of liability form only.*** Should the following activities be offered, I certify that I am/my child is completely healthy (both physically and emotionally) and capable of participating in:

Swimming  Canoeing  Challenge Course  Mountain Biking Program  Archery

## SAFETY REGULATIONS AND PARTICIPANT CONDUCT AT CAMP GILMONT

- ❖ Observe posted speed limits of 10 mph.
- ❖ Absolutely no riding in the back of pickup trucks.
- ❖ To prevent Lyme Disease we recommend insect repellents containing Deet.
- ❖ Due to threat of Rabies and West Nile Virus, NEVER touch animal/bird that appears to be dead/ wounded. Alert a Gilmont management immediately.
- ❖ Running is discouraged due to hazards from tree roots, rocks, uneven terrain, layers of leaves, and/or pinecones.
- ❖ Snakes and other dangerous animals live in and around the camp, therefore, stay on clearly marked trails. Do not walk or reach where you cannot see clearly; avoid rock and wood piles. If you encounter a snake - quietly back away from the snake's location, keep an eye on the snake and send someone to notify the Director.
- ❖ Please do not disturb plant growth. Poison Ivy, a 3-leafed, bright green plant may be found (usually growing up trunks of trees) and should be avoided.
- ❖ Please dispose of all litter to prevent health hazards to humans and wildlife.
- ❖ Waterfront and pool areas have specific rules. They may only be used during when a lifeguard is on duty.

- ❖ **Wheel Chair Occupants need special staff supervision around bodies of water. Certified aquatic leaders will instruct and assist in removing persons from wheel chair when riding in small watercraft or entering the water.**
- ❖ **Do not stand at the edge of the lake. Soft spots can collapse, causing you to fall in the water.**
- ❖ **Pay attention when crossing all roads and watch for vehicles.**
- ❖ **Smoking is not permitted at the camp.**
- ❖ **Guns are not allowed at the camp.**
- ❖ **The camp will not be responsible for personal property. Personal watercraft is not allowed; ATV's are not allowed.**
- ❖ **Guests are responsible for any damage to any camp property.**
- ❖ **Guests may not bring pets, with the exception of therapy dogs for disabilities.**
- ❖ **Alcohol is prohibited at Camp Gilmont without permission/completion of request form. .**

I have listed on the Health Statement Form any medical condition that Camp Gilmont should be aware of which may hinder my participation in the program(s). However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol.

To the fullest extent permitted by law, participants shall indemnify and hold harmless Presbyterian Camps at Gilmont, Inc. ("PCGI") and its representatives, agents and employees from and against all liabilities, claims, damages, losses, expenses, and other costs, including cost of defense attorney's fees, arising out of or resulting from or in connection with the use of Camp Gilmont by participants, its agents or representatives. PCGI carries limited general liability, property and medical insurance. If you need specific information, contact the camp director.

I/WE HAVE READ AND AGREE TO AND WILL ABIDE BY ALL POLICIES OF PCGI COVERING THE RESERVATION AND USE OF CAMP GILMONT DETAILED IN THE ENCLOSED POLICIES.

(Both parents sign below.)

Print Your Full Name	Signature	Date
Print Your Full Name	Signature	Date
Print Name of Parent/Guardian (if under 18)	Signature	Date





# 2020 GILMONT Circle of Friends Camp Health History/Contact Form

Only **ONE camper per Health History/Contact form**, photocopy this form or download more forms at [gilmont.org](http://gilmont.org)  
6075 State Hwy 155 N. Gilmer, TX 75644 Phone: (903)797-6400 Email: [james@gilmont.org](mailto:james@gilmont.org)  
Registration form must be turned in one month before event.

Please PRINT clearly

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ This is my \_\_\_\_\_ (#) year at camp  
Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
\* Custodial Parent/Guardian (to be used as primary contact) \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
\* Secondary Contact (if primary is unavailable) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

## HEALTH HISTORY

Any changes to this form **MUST** be provided upon participant's arrival at camp.

### Insurance Information

Is the camper covered by family medical/hospital insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
A photocopy of your insurance card is **required**

Carrier: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

### Medications

Please list ALL medications (prescription and over-the-counter) taken routinely. Bring enough medication to last the entire time at camp. Keep all medication in its original container with correct dosage and frequency information from the doctor.

Please continue on next page

\*Updates can be made during registration

\_\_\_\_\_ This camper takes NO medication on a routine basis

\_\_\_\_\_ This camper takes medications as follows:

Med # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 3 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 4 \_\_\_\_\_ Dosage \_\_\_\_\_ Times Taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Carry EPI Pen/Inhaler? \_\_\_ Yes \_\_\_ No Drs. Note of medical necessity must be attached stating child may carry on his/her person.

**HEALTH HISTORY** Please check if yes Has/does the camper:

\_\_\_ Have a chronic/recurring illness or condition?

\_\_\_ Ever had surgery?

\_\_\_ Ever had a head injury?

\_\_\_ Ever had frequent ear infections?

\_\_\_ Ever had seizures?

\_\_\_ Had mononucleosis in the Past 12 months?

\_\_\_ Ever been hospitalized?

\_\_\_ Have frequent headaches?

\_\_\_ Wear glasses or contact lenses?

\_\_\_ Ever passed out during exercise?

\_\_\_ Have heart disease or defect?

\_\_\_ Have diabetes?

\_\_\_ Have a history of bed-wetting?

\_\_\_ Have problems with sleepwalking?

\_\_\_ If female, have an abnormal menstrual history?

\_\_\_ Ever had an eating disorder?

\_\_\_ Need any restrictions to camp activities?

Please explain any "yes" answers including dates \_\_\_\_\_

Please provide any additional information about the camper's behavior and physical, emotional, or mental health which would help us to better understand and nurture your child \_\_\_\_\_

Your physician's name \_\_\_\_\_ Office Phone \_\_\_\_\_

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this application, I hereby give permission for him/her to fully participate in all camp activities unless I attach a separate page to this application which prohibits my child from participating in a specified activity.

Please Check One

I hereby give permission to Camp Gilmont to order x-rays, routine test, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person registered above.

I assume responsibility for medical treatment and transportation for my child while at Gilmont.

I hereby give permission to Gilmont staff to share and exchange medical information about my child with the following: The Camp Counselor and Camp Director for my child.

The emergency contact person listed on this form, if I cannot be reached.

The emergency first responders and to the receiving hospital/physician.

SIGNATURE of Parent/Guardian (*signature indicates information has been read*) \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_