



Tee Hanible  
CEO/Founder  
Operation Heroes Connect  
[Operationheroesconnect.org](http://Operationheroesconnect.org)  
[facebook.com/OperationHeroesConnect](https://facebook.com/OperationHeroesConnect)  
operationheroesconnect@gmail.com

Camp Director  
Tel: 301-842-6742

## Operation Heroes Connect Youth Camp Registration Form

All Registration forms are due by Friday May 15, 2020.

Camp Dates: Tuesday, June 23, 2020 – Sunday, June 28, 2020

Camp Location: Solomon’s Island Camp Ground and Recreation Center

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Child’s Birthdate: \_\_\_\_\_ (Sex) Male \_\_\_\_\_ Female \_\_\_\_\_

T-Shirt Size: (Circle One) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL  
**Please Check If: Camper is between the ages of 17-20 and would like to be considered for a “Youth Counselor” position: YES \_\_\_\_\_ NO \_\_\_\_\_**

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Please print!  
Emergency Contact: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_

### Transportation Arrangement if applicable (fill out all areas that apply)

My child has permission to leave camp with the following people:

1. Name: \_\_\_\_\_
2. Relationship to child: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Relationship to child: \_\_\_\_\_

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## Child Allergy Information

### CHILD ALLERGY

Please answer the following questions about your child's allergy (ies) and reaction(s). Please also List any/all medications taken during school year:

1. What is your child allergic to?

2. How does your child react to the allergen?

3. Does your child carry her/his own EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has she/he been instructed on how to administer the EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Does she/he administer their own shot? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

4. Does your child take Benadryl for their allergy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give Benadryl before EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give Benadryl after EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give Benadryl only? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dose to be given: \_\_\_\_\_ teaspoon(s) \_\_\_\_\_ tablet(s)

5. Food Allergies:

Is your child able to avoid exposure to unsafe foods? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child know their symptoms of an allergic reaction? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child know how and when to tell an adult they may be having an allergic reaction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Other allergies:

Does your child know their symptoms of an allergic reaction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If your child has any food allergy / dietary restrictions, your child may bring their specific dietary meals as needed and they will be stored and distributed during meal times or as needed.\*\***

7. Medical Insurance:

Name of Policy Holder: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the Operation Heroes Connect Youth Camp, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Operation Heroes Connect or any of their volunteers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by any child(ren) that I have registered for the Youth Camp, or any of the property belonging to me or my child(ren), **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of the unusual risks involved and hazards connected with this activity, including but not limited to travel risk and/or Operation Heroes Connect Youth Camp activities. I hereby elect that my child(ren) voluntarily participate in said activities with full knowledge that said activities may be hazardous to them and any property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by my child(ren), or any loss or damage to property owned by our staff, as a result of being engaged in such an activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the **RELEASEES** from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my child(ren) participation in said activities, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.

4. I understand that Operation Heroes Connect does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of VIRGINIA AND MARYLAND.

6. **IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2019 .

### PARTICIPANT

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

("If the participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event.")

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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# PHOTO USE RELEASE FORM

I, \_\_\_\_\_, hereby grant and authorize Operation Heroes Connect and R.L. Summers Photography the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of \_\_\_\_\_ to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Operation Heroes Connect and R.L. Summers Photography and will not be returned.

I hereby hold harmless, and release Operation Heroes Connect and R.L. Summers Photography from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## Medical Release Form / Permission to Treat

### PERSONAL INFORMATION

Name: \_\_\_\_\_

SS# (Optional): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

INSURANCE INFORMATION ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.

Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Relationship to Cardholder: \_\_\_\_\_

### PERSONAL MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_

Physician's Phone:(\_\_\_\_\_) \_\_\_\_\_

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions:

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

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List all medications taken on a regular basis and/or any brought with you to Camp (prescription medications MUST have a pharmacy label and name of doctor):

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List all operations/serious injuries and dates within the past 5 years:

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The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

### **MEDICAL RELEASE FORM/PERMISSION TO TREAT FOR**

EMERGENCY AUTHORIZATION I hereby give permission to medical personnel selected by the participant's camp sponsor/his designee or camp staff to order X-rays, routine tests and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Operation Heroes Connect, its employees or agents from liability associated with participation in a camp activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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## MEDICAL RELEASE FORM/PERMISSION TO TREAT

Name (of person attending): \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We (parent or guardian): \_\_\_\_\_ hereby consent for my child (named above) to participate in 2019 Operation Heroes Connect Youth Summer Camps, and I certify that my child is able to participate in the activities required of this event. If my child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them below. In the event of an emergency occurs, I may be reached at the phone number listed below. If I cannot be reached, I hereby authorize Operation Heroes Connect staff to make emergency decisions for my child.

(Parent Signature) \_\_\_\_\_

I understand and hereby agree to assume all of the risks, which may be encountered during these activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Operation Heroes Connect, and its staff, harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which may arise in the future, connected with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

(Parent Signature) \_\_\_\_\_

I, furthermore, do not hold Operation Heroes Connect or staff responsible for the loss of any personal property via theft, accidental loss, damage, left behind, destroyed, from any youth service, trip, event, or group hang out. And do not expect any loss replacement or money to replace any items that were lost, stolen, or destroyed from any event, service, trip or group hosted by Operation Heroes Connect.

(Parent Signature) \_\_\_\_\_

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I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number where I may be reached in an emergency: \_\_\_\_\_

Medical conditions to be aware of:

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

Allergies to be aware of:

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

Medicine if any that they will be bringing to camp: \_\_\_\_\_

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

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**For Official Use Only**

- Application Approved.
- Application Disapproved.
- Application Fee Accepted.

\_\_\_\_ Additional Information Needed.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Camper Code of Conduct**

• Campers must remain within camp boundaries at all times and be under instruction of Operation Heroes Connect Staff.

- Camper must behave responsibly at all times.
- Camper must not use profanity or offensive language.
- Campers must obey the camp rules set by the directors, camp facilitators, or park and recreation staff.
- Use of any illegal substances while attending camp (includes cigarettes, alcohol, drugs etc.) is prohibited.
- Campers must participant and display a positive attitude.
- Campers are not to use any electronics/including cell phones without permission from staff.

(All cell phones will be collected by all parents and guardians prior to camp admission to prevent loss/damage or distraction from camp curriculum).

**Infractions of these rules may result in immediate dismissal from camp!**

**Parents/Emergency Contact Person will be contacted immediately and notified to pick their child up from camp.**

**CAMPER:** Please sign your name below stating that you understand and agree to adhere to all rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT:** By signing your name below, you understand and agree with the expectations outlined in our camp rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parents/Guardians Please Note: Once your child's application has been accepted and approved along with their application fee, you will be notified of acceptance via e-mail with follow on instructions.**