



Tee Marie Hanible

Operation Heroes Connect LLC

Operationheroesconnect.org

operationheroesconnect@gmail.com

CEO/Founder

Tel 301-842-6742

Registration forms are due by April 30, 2024.

***Please note:**

One-time Registration Fee \$50.00 Per Child.

Camp Dates: Monday, July 22, 2024 – Sunday, July 28, 2024

Camp Location: Patuxent Naval Recreation Center at Solomon's Island.

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

Parent/Guardian: _____ Phone#: _____

Cell phone#: _____ E-mail address: _____

Parent/Guardian: _____ Phone#: _____

Cell phone#: _____ E-mail address: _____

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: _____

**PLEASE COMPLETE AND RETURN THIS FORM AND ALL COMPLETED FORMS TO OPERATION HEROES
CONNECT STAFF AT: Operationheroesconnect@gmail.com**

CHILD ALLERGY

Please Note: As the ongoing COVID-19 pandemic continues to affect our communities, we are committed to prioritizing the safety and health of our campers, staff, and families. We will be following all guidelines and recommendations provided by the Centers for Disease Control and Prevention (CDC) and the Virginia and Maryland Departments of Health to ensure a safe and enjoyable camp experience. We will be implementing additional safety measures such as frequent cleaning and sanitization of high-touch surfaces, enforcing social distancing protocols, and providing hand sanitizing stations throughout our camp facilities. We understand that the situation is constantly evolving, and will continue to monitor any new developments and adjust our protocols accordingly. We appreciate your cooperation and understanding as we work to provide a safe and memorable summer camp experience for all.

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 mealtimes 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 _____, 2024. 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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OFFICIAL PHOTO RELEASE FORM

I, _____, hereby grant and authorize Operation Heroes Connect 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 will not be returned. I hereby hold harmless, and release Operation Heroes Connect 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 _____
Cell Phone:(_____) _____
Secondary Contact: _____ Relationship: _____
Home Phone:(_____) _____ Work _____
Cell Phone:(_____) _____

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

Insurance Company: _____ 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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MEDICATIONS/MEDICAL RELEASE FORM/PERMISSION TO TREAT

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):

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

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, and/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: _____

Name (of attending): _____

Address, City, Zip:

Phone: _____ Email: _____

I/We (parent or guardian): _____ hereby consent for my child (_____) to participate in 2024 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, 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/Guardian Signature) _____

I understand and hereby agree to assume all 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 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) _____

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: _____

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 always remain within camp boundaries and be under the instruction of Operation Heroes Connect Staff.

Campers must always behave responsibly.

Campers 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 participate 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 any 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: _____

Parents/Guardians Please Note:

Once your child's application and application fee has been accepted and approved you will be notified via e-mail with follow on instructions.

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