

5th Annual Young Adult Camp  
 Transplant Recipients  
 Ages 19-25  
 June 20-23, 2019  
 visit us at [www.campbridges.org](http://www.campbridges.org)



Join us at Camp BRIDGES @Children’s Harbor Lake Martin/1 Our Children’s Highway/ Alexander City, AL 35010

Our mission is to provide camps and educational programs at no cost for children, young adults and families living with an organ transplant. You will spend the long weekend with other Young Adult recipients in a fun environment where you can expect to receive support and education as well as gain valuable tools as you continue to transition to adulthood and continue your transplant journey.

To be eligible to attend **you must be self-sufficient, which this means you manage your own meds and activities of daily living.** Email us at [info@campbridges.org](mailto:info@campbridges.org) to reserve your spot & then please fill out the application on the next pages.

Registration starts at 6pm on Thursday, June 20 but if you can’t make it until later in the weekend please let us know when you plan to arrive. Email [info@campbridges.org](mailto:info@campbridges.org) if you have any questions!

**What to Bring to Camp**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pillow, Single Sheets & Sleeping Bag or Blanket     | <input type="checkbox"/> Bathing suit                | <input type="checkbox"/> Deodorant                       |
| <input type="checkbox"/> Pajamas   | <input type="checkbox"/> Sweater or jacket           | <input type="checkbox"/> Shampoo                         |
| <input type="checkbox"/> Tennis shoes and an extra pair of comfortable shoes | <input type="checkbox"/> Long pants (for night wear) | <input type="checkbox"/> Toothbrush                      |
| <input type="checkbox"/> Summer clothes                                      | <input type="checkbox"/> Rain poncho/umbrella        | <input type="checkbox"/> Toothpaste                      |
|  | <input type="checkbox"/> Towels/Wash cloths          | <input type="checkbox"/> Comb/brush                      |
|  | <input type="checkbox"/> Beach towel                 | <input type="checkbox"/> Suntan Lotion – At least SPF 15 |
|  | <input type="checkbox"/> Soap                        | <input type="checkbox"/> <b>MEDICINE FOR 4 DAYS</b>      |

**\*\*DIRECTIONS TO CAMP BRIDGES AT CHILDREN’S HARBOR\*\***

**You can go to Google Maps and Type: Children’s Harbor at Lake Martin: 1 Our Children’s Highway, Alexander City, AL 35010**

**Common Directions Below:**

**FROM BIRMINGHAM: TRAVEL HIGHWAY 280 EAST TO ALEXANDER CITY. FROM ALEXANDER CITY MAKE A RIGHT ON TO HIGHWAY 63 SOUTH. APPROXIMATELY 14 MILES TO LAKE MARTIN. CHILDREN’S HARBOR IS LOCATED ON SOUTH SIDE OF KOWALIGA BRIDGE. MAKE A LEFT INTO CHILDRENS HARBOR CAMPUS.**

**FROM MONTGOMERY: TRAVEL HIGHWAY 231 NORTH TO WETUMPKA, IN WETUMPKA TAKE HIGHWAY 14 EAST TO HIGHWAY 63 NORTH. TRAVEL FOR APPROXIMATELY 20 MILES TO CHILDREN’S HARBOR.**

**FROM AUBURN/OPELIKA: TRAVEL HIGHWAY 280 WEST TO ALEXANDER CITY. IN ALEXANDER CITY TAKE HIGHWAY 63 SOUTH. APPROXIMATELY 14 MILES TO LAKE MARTIN. CHILDREN’S HARBOR IS LOCATED ON THE SOUTH SIDE OF KOWALIGA BRIDGE.**

# 2019 YOUNG ADULT CAMP APPLICATION

**RETURN CAMP PAPERWORK:**  
MAIL:  
CAMP BRIDGES  
1600 7th AVENUE S. ACC 516  
BIRMINGHAM, AL 35233  
SCAN & EMAIL  
INFO@CAMPBRIDGES.ORG  
FAX : 205-638-2319  
**DEADLINE MAY 21st**

Please Print Neatly

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First, Middle & Last)

PERMANENT ADDRESS: (if you are still in college that may be your parents address)

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### ARRIVAL INFORMATION:

Registration starts at 6pm on Thursday, June 20 please eat dinner before you arrive – be sure to check the box below so we know when you will arrive!

**I plan to be arrive at camp mark one:**  Thursday 6/20 at 6pm  Friday 6/21  Other \_\_\_\_\_

### TSHIRT INFORMATION:

**CIRCLE Adult or Youth & Size for T-shirt** Adult S, M, L, XL or Other \_\_\_\_\_

### TRANSPLANT INFORMATION:

Sex:  Male  Female

Date of Transplant: \_\_\_\_\_

Transplant Type:  Kidney  Liver  Heart  Lung  Other \_\_\_\_\_

Transplant Center: \_\_\_\_\_

Transplant Coordinator Name & Contact: \_\_\_\_\_

### EMERGENCY INFORMATION:

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

Cell #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

### Insurance Information:

Medicare number: \_\_\_\_\_

Insurance: \_\_\_\_\_

**Please enclose copy of Insurance &/or Medicare cards  
These must be received for your application to be COMPLETE!**



# TRANSPLANT RECIPIENT

Young Adult Camp – June 20-23,2019

## TRANSPLANT PHYSICIAN/COORDINATOR FORM

*This form is to be filled out by your transplant physician or transplant coordinator*

This form can be emailed or faxed to your Transplant Coordinator by sending an email to [info@campbridges.org](mailto:info@campbridges.org) with the name and contact information of the person:

Camper's Name: \_\_\_\_\_

Type of Transplant: \_\_\_\_\_ Date of Transplant: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

Transplant Coordinator Name \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours/Pager: \_\_\_\_\_

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

***To be eligible to attend Young Adult Camp the recipient must be self-sufficient and manage their own meds and activities of daily living~***

In your opinion is this person healthy/independent enough to participate in camp?  Yes,  No

Can this person swim in the lake? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can this person swim in the pool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

\_\_\_\_\_  
TRANSPLANT PHYSICIAN/COORDINATOR FORM SIGNATURE

# YOUNG ADULT CAMP

## AUTHORIZATION, WAIVER & RELEASE OF INFORMATION

I will be attending Camp BRIDGES Young Adult Camp at Children's Harbor on Lake Martin, a camp located on Lake Martin, Alabama, June 20-23, 2019.

**AUTHORIZATION:** This health history is correct and accurately reflects the health status of the Child/Camper for whom it pertains. The Child/Camper described has permission to engage in all prescribed camp activities except as noted: by me and/or the examining physician. I understand that the information on this form will be shared on a 'need to know' basis with the appropriate Camp BRIDGES staff/volunteers. Initials \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL CARE:** I also give permission to those physician(s) and health care providers selected by **CAMP BRIDGES** to provide routine health care, administer prescribed medications and to seek emergency medical treatment including, but not limited to, ordering x-rays, blood tests and/or other routine tests. In the event that the emergency contact person or I cannot be called upon in an emergency, I hereby give permission to those physicians/healthcare providers selected by **CAMP BRIDGES** to hospitalize and secure proper treatment for my child as named on this Camper's Health and Medical Information Form. I also give permission to **CAMP BRIDGES** to arrange necessary related emergency transportation for my child. Initials \_\_\_\_\_

**MEDIA/PUBLIC RELEASE:** During the course of camp, I realize and understand that my I/we or my child/children may be quoted, photographed, filmed, broadcasted, published, and/or recorded. I give authorities of **CAMP BRIDGES** permission to audio, video, and photography of this camper for the purposes of publicity and promotions (i.e. brochure, mailings, highlight promotional videos, and photos for our website) of **CAMP BRIDGES**. I give permission for Camp BRIDGES (its employees, staff, and agents) and outside media representatives to use my child's name, picture, voice, stories, or other information provided to be in newspapers, magazines, television, radio, Internet, or other media sources. I release to Camp BRIDGES all rights to the media information collected. I understand that this is voluntary and neither my child nor I will be paid. Initials \_\_\_\_\_

**WAIVER OF LIABILITY** Furthermore, I/we release, acquit and covenant to hold harmless Children's Harbor, Inc., The Bridges Foundation, University of Alabama at Birmingham, and The Children's Hospital of Alabama, their respective staffs, servants, employees, agents, directors, officers, board members, trustees, volunteers and all persons directly, indirectly, or individually involved with the care of the above named minor child including their heirs, successors or assigns and any and all other persons and entities in privity with them against any and all claims, grounded in any legal theory, including, but not limited to, losses, costs, damages, compensation, medical bills, damages to property, injuries or death resulting to my family or and minor child or minor children as a result of said stay at and/or participation in said camp (including all camp activities) and transportation at camp. This includes any claims which the said minor child might bring against the above named entities and individuals upon said child reaching majority. Initials \_\_\_\_\_

**CAMPER PROPERTY:** Camper is responsible for all of his/her property, and **CAMP BRIDGES** accepts no responsibility for the loss, damage, or theft of Camper's property. Camper will not bring personal sports equipment, pets of any kind or valuables including electronics or personal vehicles to **CAMP BRIDGES**. Nor will s/he be in possession of alcohol, other drugs or weapons. Initials \_\_\_\_\_

**CONTACT INFORMATION:** You agree to advise **CAMP BRIDGES** of your Emergency Contact information. Initials \_\_\_\_\_

**I further warrant that I/ am the age of legal consent and enter into this Agreement not to sue and to indemnify. I/We have read this entire Agreement, and, fully understanding its terms, covenants and conditions, have voluntarily signed on behalf of myself.**

Signature \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_