



Courage Camp Information and Medical Consent

Basic Information about Camp and Activities:

We are so excited for your daughter to join us for Courage Camp 2020, it might be a bit different due to some safety policies and we will still have fun and learn some great skills.

Courage Camp this year will be from 9:30-11:30am, Rising 4th/5th June 8th-11th and Rising 6th/7th graders June 15th-18th at Barton Hills Elementary under the basketball court.

We want to reassure you that we will be taking every measure to keep your daughter safe during this “new” normal of Covid-19. Here’s specific things that we ask of you and your daughter. We will also go over all the procedures at the start of camp.

Please only bring a water bottle and something to sit on.

Please use the restroom before the camp, we will not have access to a bathroom.

We do have access to a home nearby for emergencies.

All supplies will be kept in a canvas bag that will be stored in a safe location at night.

Each camper will receive all art supplies and art journal in a canvas bag, we ask that they are the only ones to touch the bag during the camp.

If camper is not feeling well, please keep them at home.

We will do some big group activities (max 10) then divide into two small group (5) for all art journaling activities. You will receive an email to give you the activities to continue the conversation going after camp.



Camper's name: _____ Grade/School _____

Parent name: _____ best email _____ best phone _____

Legal stuff:

AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT FOR MYSELF AND, TO THE MAXIMUM EXTENT ALLOWED BY THE LAWS OF THE STATE OF TEXAS, ON BEHALF OF CAMPER, AGREE AS FOLLOWS:

I RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) Austin Therapy for Girls, PLLC, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS, VOLUNTEERS, AND LANDOWNER, ITS OWNERS, PARTNERS, OFFICERS, DIRECTORS, AND EMPLOYEES (INDIVIDUALLY AND COLLECTIVELY HEREINAFTER REFERRED TO AS "RELEASED PARTIES") FROM ALL CLAIMS OF INJURY, AND/OR LOSS WHICH I OR CAMPER MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO CAMPER'S ENROLLMENT OR PARTICIPATION IN THE ACTIVITIES OR EVENTS AT OR ASSOCIATED WITH COURAGE CAMP.

Permission for Medical Care if necessary:

In the event of an emergency, if I cannot be reached promptly, I hereby give permission to the physician selected by the ATFG and, if circumstances require, to emergency medical technicians, to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I agree that all medical costs, including prescription medications, emergency transportation (including helicopter or EMT transport), hospitalization and surgery which may be required for the Camper are the sole responsibility of the Parent. Please sign to agree to all policies and procedures for Courage Camp.

Please return second page to admin@austintherapyforgirls.com

Parent Signature: _____ Date: _____