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 2021, it might be a bit different due to some safety policies, but 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 14th-17th and Rising 6th/7th graders June 21st-24th at the Austin Therapy For Girls Offices (2525 Wallingwood Drive, Bldg. 8).

We will be taking every measure to keep your daughter safe and following CDC Covid-19 procedures.

**Important To Note**

* Please only bring a water bottle.
* If the camper is not feeling well, please keep them at home.
* Make the office aware of any allergies (specifically food)

The max capacity of each girl is six (6) participants and two facilitators. After camp sessions, you will receive an email recapping the session, and some ways to keep the conversation going at home.

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_