

May 6, 2022

Dear Parents of CLC Campers,

Congratulations on your son's acceptance to McCallie School's Character, Leadership, Community Camp. The staff and counselors look forward to spending a transformative two weeks with your son, and we have planned a wide array of activities for him to experience. As you might surmise, many of the sites that we will visit require release forms. In an attempt to make this process as painless as possible for you, we have placed all of the physical forms below for you to download and complete. **In addition there are two web release forms that you will need to access and complete.**

A few of you may have already completed initial forms. Thank you! It may contain a few additions and some deletions.

Please download the forms that you will find below, complete them, and then send them electronically to dhughes@mccallie.org. If you prefer snail mail, please send the completed forms to David Hughes, ATTN: CLC, 500 Dodds Avenue, Chattanooga, TN 37404.

Please see the list below for release and waiver procedures:

1. McCallie Summer Programs Release Form
2. McCallie Summer Boarding Camp Health Report--Parent Form
3. McCallie Summer Boarding Camp Health Report--Physician Form
4. Copy (both sides) of your insurance card
5. Camper and Parent / Legal Guardian Concussion Statement (3 pages)
6. Chattanooga Area Food Bank Parent / Guardian Permission Form
7. Reflection Riding Individual Volunteer Waiver

In addition to the above forms, parents should fill out these two online waivers:

1. High Point Climbing Gym. You will find the link [here](#).

(You will need to click "Adult and Minor" in order to complete the form for your son.)

2. Outdoor Adventure Rafting. You will find the link [here](#).

We realize the onerous nature of these forms; however, your child's safety is our primary concern. Thank you for your time and attention to this important component of CLC registration. We anticipate a fantastic two weeks of exciting and safe activities for our CLC campers.

Sincerely,

David L. Hughes

dhughes@mccallie.org

Attachments area

McCallie CLC
General Activities Release Form—Field Expedition Agreement
and other waivers

Listed below are the activities that campers may participate in while at McCallie CLC Camp. It may be that not all activities will be a part of all sessions of camp. Some activities are at one session of camp but not necessarily at all sessions. Not all campers will participate in all activities as some of the activities fall in the category of an individual choice. Activities are subject to change and there may be some activities added to this list later. The following list is made up of those on and off-campus activities that have been a part of CLC Camp in the past.

Sports

Dodgeball
Swimming
Water Polo
Soccer
Spikeball
Basketball

Excursions and local trips

Hiking
Rock Climbing
Spelunking (caving)
Ropes Course
Whitewater Rafting
Group initiatives
Professional baseball/soccer
College admissions visits

Service Projects

Mowing/weed eater
Weed pulling/raking
Painting
Food handling
Lifting and hauling
Trail work

I/We have read and acknowledge receipt of a copy of the Field Expedition Agreement in the above referenced field expedition(s). I/We, therefore, understand the potential risks of significant injury and the responsibilities of my child while participating in the field expedition(s) sponsored by The McCallie Summer Programs. I am also aware of my/our child's experience and capabilities and believe my child to be qualified to participate in the expedition(s).

I/We hereby grant my/our child to participate in the above-referenced field expedition(s). I/We specifically agree to all of the undertakings set forth in the preceding portions of this Agreement and specifically hereby release, discharge and agree to indemnify and hold harmless The McCallie School, its agents, servants and employees from and against any and all claims, demands, losses or damages on my/our child's account.

CAMPER PREFERRED NAME _____

CAMPER RISING GRADE NEXT FALL _____

CAMPER CURRENT SCHOOL _____

PARENT NAME _____

PARENT SIGNATURE _____

DATE: ____/____/____

McCallie Summer Boarding Camp Health Report - Page 1

To be filled out by Parent/Guardian

Camp: _____ Session: _____

Camper's Name _____

Last Name

First Name

Preferred Name

MI

Camper's Date of Birth _____ Age during camp _____

**You must mail a legible copy of your insurance card, front & back,
with this 2-sided form to our office by May 1**

Policyholder: _____ Policyholder DOB: _____ Policyholder SSN: _____

Parent Name _____

Home Number () _____

Home Address _____

Work Number () _____

City

State

ZIP

Cell Number () _____

****Primary Phone number where parents can be reached during camp session: _____****

Emergency contact other than parent (name and phone numbers): _____

Parent/Guardian, please list all medications that will be taken during camp (NOTE: physician will have to fill out the back of this form for ALL prescription medications taken during camp, i.e. Allegra, ADD/ADHD medications, inhalers, etc.) _____

ALLERGIES: _____
(List any/all medications, food, insect bites, environmental, etc.)

Are there any emotional factors we should know about? _____

I/We hereby give The McCallie School permission to administer and/or secure medical care for my child as necessary. I/We understand that such care may include, but is not limited to, procedures for diagnosis, medical treatment, minor surgical treatment, emergency surgery, including anesthesia, dental/orthodontic surgery or procedures, etc. I/We agree to be responsible for all hospital, physician, medication, and other treatment costs incurred as a result of my child's participation in McCallie Sports Camp. I/We acknowledge that even with coaching, use of equipment, and observance of rules, injuries remain a possibility. I/We hereby give The McCallie School Student Health Center permission to administer over-the-counter medications as deemed necessary for summer camp (i.e. for headaches, poison ivy, sunburn, etc.) Note: Aspirin is not stocked in the Student Health Center.

*****Parent/Guardian _____ Date: _____**
(Signature required)

McCallie Summer Boarding Camp Health Report - Page 2

To be filled out by Physician

PHYSICIAN'S REPORT OF HEALTH EVALUATION

Camper's: _____ Date of Birth: _____
Last Name First Name MI

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

*ALLERGIES: _____
(Medications, food, insect bites, environmental, etc.)

List pertinent medical history, conditions, surgeries, serious injuries, broken bones, etc. _____

List any physical, medical, or emotional conditions that we need to be aware of, especially those that would hinder competition in athletics: _____

Date of last Tetanus: _____ MMR#1 _____ MMR#2 _____

MEDICATIONS

Physician: List ALL medications that the camper will be taking while at camp and how to be given, i.e. "Adderall 10mg po 1 AM/ 1 PM – PM dose prn". Please note if a medicine or a specific dosage is prn. (Please include any ADD/ADHD, anti-inflammatory, antibiotics, inhalers, etc.).

***NOTE: ALL PRESCRIPTION medications are kept in the McCallie Student Health Center.

Physician's Signature: _____ Date: _____
Address: _____

Physician's Phone #: _____ Fax #: _____

McCallie Summer Camps, 500 Dodds Avenue, Chattanooga, TN 37404 (423)493-5886

McCallie Camp Infirmary Phone (423) 493-5640

Mail to: address above or email: camps@mccallie.org. We have no FAX machine.

Please tape a clear
copy of both sides of
your insurance card to
this form

Camper & Parent/Legal Guardian Concussion Statement

Must be signed and returned by all campers and their parents

Camper Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

Signature of Camper: _____

Date: _____

Signature of Parent/Legal guardian: _____

Date: _____

CONCUSSION

INFORMATION AND ELECTRONIC SIGNATURE FORM FOR CAMPERS & PARENTS/LEGAL GUARDIANS

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Please check the box at the bottom of the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

**Health care provider means a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.



Parent/Guardian Permission Form

Dear Parent or Guardian:

The Chattanooga Area Food Bank requires permission for anyone under the age of 16 to participate in any volunteer activity. All volunteers must be 16 years of age or older to independently volunteer on-site at the Chattanooga Area Food Bank. Those 12 and up may volunteer as part of a group or with a parent/guardian during the week.

All volunteers, including youth, are responsible for their own transportation to and from Chattanooga Area Food Bank activities.

I verify that _____ (print youth's name) is currently _____ years of age and I, _____ (print parent's/guardian's name) give permission for him/ her to participate in a Chattanooga Area Food Bank activity.

By my signature below, I hereby release and discharge The Chattanooga Area Food Bank, its employees, directors, officers, partners, agents, and volunteers from any claim, demand, or cause of action that may be asserted by or on behalf of me as a result of my child volunteering for activities through The Chattanooga Area Food Bank.

I agree to indemnify and hold harmless The Chattanooga Area Food Bank its employees, directors, officers, partners, agents, and volunteers from any damages or liabilities arising out of my child's activities as a volunteer through The Chattanooga Area Food Bank.

In addition, I hereby give permission to the Chattanooga Area Food Bank to take and use photographs of my child to use in the course of their operation, including but not limited to publications, their website, and promotional materials. I authorize the use of these images with the knowledge that there will be no compensation for their use. I acknowledge that the Chattanooga Area Food Bank holds ownership of the photos and may use them for any purpose in accordance with their mission. Furthermore, I agree to release the Chattanooga Area Food Bank from any claims regarding the use of these photos.

Please **print** the following information:

Name: _____ Date: _____

Relationship to Youth: _____

Signature of Parent or Guardian: _____

Reflection Riding Individual Volunteer Waiver

* Required

Email address *

First & Last Name *

WAIVER. By signing your name, you are agreeing to the following terms: "I certify that I am physically and mentally able to perform the volunteer assignments that I will accept. I hereby release any and all claims and demands that I may hereinafter have against the Reflection Riding Arboretum and Nature Center, and any employee thereof for injuries to my person or damages to my property that may be suffered by me while performing volunteer services for the Reflection Riding Arboretum & Nature Center. I also authorize the use of my name and photography for education, public relations and marketing purposes related to Reflection Riding Arboretum & Nature Center. *

MINORS. Please have your parent or legal guardian sign their name below.