



BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

15th Annual BIANC Retreat

Hosted by The Brain Injury Association of North Carolina

- **WHEN:** September 11-13, 2009
- **WHO:** Survivors of Brain Injury
- **WHAT:** A weekend of camp fun and fellowship for survivors.
- **WHERE:** Camp Carefree-Stokesdale, NC
- **WHY:** To have fun!
- **HOW:** Campers, Caregivers/Family members complete the registration forms and send to BIANC with a check for \$20.00 per person payable to BIANC. (\$18.00 for BIANC members) You will receive a confirmation on your registration with directions, schedule and what to bring.

**BIANC
PO Box 10912
Raleigh, NC 27605**

Please carefully read the enclosed application forms. Forms must be filled out for each person attending camp, including caregivers/family members. If you need multiple applications, please feel free to photocopy any forms provided.

For information regarding registration or BIANC membership, please call the Raleigh BIANC office at
(919) 833-9634 or 1-800-377-1464
bianc@bianc.net

The deadline for all applications is August 11, 2009!

If forms are incomplete, they will be returned to you.



BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

VOLUNTEER CAMP APPLICATION

Please complete one form for each person attending this BIANC event.
Deadline for registration is 4 weeks before the event. (August 11, 2009)
Please get applications in as soon as possible as space is limited!

Application Date: _____

Camp Date: September 11-13, 2009

Name: (Last) _____ (First) _____ (Nickname) _____

Check the box that applies to you:

Survivor of BI and their Caregiver/Family

Caregiver for: _____

Volunteer Professional: _____
(Name profession above)

Student: _____
(Name major above)

Special Sleeping Needs: Examples: Couples, need electrical outlet by bed, anyone you specifically need to be with in same cabin. If yes, please explain on back of this form.

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone: (Day) _____ (Night) _____ (Cell) _____

Age: _____ Date of Birth: _____ Gender: Male Female

Email Address: _____

Emergency Contact During Camp; Name: _____

Contact's Telephone:

(Day) _____ (Night) _____ (Cell) _____

T-Shirt Size: Medium Large XLarge XXLarge XXXLarge

In planning for camp we seek to provide the highest level of care and safety possible. In order to do this we need to know as much information as possible about the functional levels and specific needs. Please provide all information that might be of value to camp staff working with the applicant during the event. **All applicants**, please fill out the application in its entirety. Regardless of how many years you have attended camp, we want the most accurate information to ensure a safe and fun event for everyone.

Official Use Only

Received _____ Payment _____ Notified _____
Check# _____ Amount _____

Only required if you have a chronic or serious medical condition.

Medical Information

Medical History:

Please list all current and prior pertinent conditions and surgeries.

Diagnosis	Date	Surgery	Comments
Ex. Brain Injury	10/15/1979	Shunt put in	Protect shunt site, headaches
Ex. Diabetes	6/7/1982		Food restrictions

Please list all doctors currently treating applicant

Name	Specialty	Phone	After Hours #

Seizure History:

Does this applicant have a history of seizures? Yes No

If Yes, what type? _____ How often _____ Date of most recent seizure _____

Are there any "auras" or behaviors/events that occur before or after seizure takes place (if yes, please describe)?

Medications:

Is the applicant capable of administering his/her own medication? Yes No

ALL MEDICATIONS MUST BE IN ORIGINAL PRESCRIPTION PACKING/BOTTLE

Please document all medications applicant will take during the time they are at camp:

Medication	Dosage	Times Administered	# of pills per dose	Pill Color	Special Instructions	Purpose of Medication
Ex. Klonopin	1mg	9am,3pm	1	Blue	Crushed in applesauce	Anxiety

Are there any known allergies? (Including food, insects, medications, etc.)

No Yes If yes state allergy and nature of reaction and treatment: _____

Are there any special precautions that should be taken for the applicant? No Yes

If yes, describe in detail.

The Following Sections Must Be Completed

In the event that my emergency contact cannot be reached in an emergency, I hereby give permission to the camp director to make arrangements for hospitalization and to secure proper treatment from a licensed medical professional for _____.

Applicant's Full Name

Signature of Applicant _____
Date

Signature of parent/guardian _____
Date

I hereby acknowledge that I am fully aware of the risks involved in participating in the activities at this BIANC event and have taken into account the abilities of _____

With respect to making decisions to participate in the program. I hereby release BIANC, its volunteers and agents from any and all claims of any nature arising out of participation in this camp.

Signature of Applicant _____
Date

Signature of parent/guardian _____
Date

At various times during camp, print and television media will be invited to camp. In addition BIANC may develop video or photographic displays of individuals and the camp. Please indicate your preference:

DO DO NOT film or photograph _____ for public purposes.

Applicant's Full Name

Signature of Applicant _____
Date

Signature of parent/guardian _____
Date

While in attendance of this BIANC event, I am aware that there is to be no use or possession of alcohol, drugs, illegal substances, weapons, or anything that may be seen as offensive to others. I am aware that everything that I do while participating in this event is a reflection of BIANC. With that in mind I am aware that all decisions made by the camp director are final and all rules will be enforced. I am aware that if I do not conduct myself in a way that is a positive reflection on BIANC and its values, I may not be allowed to participate in this even

Signature of Applicant _____
Date

Signature of parent/guardian _____
Date