

Never Say Never Foundation, Inc.  
 NeverSayNeverInc@gmail.com  
 352-502-0379  
 3965 NE 15th Court Rd  
 Ocala, FL 34479

PLEASE PRINT, THEN MAIL APPLICATION TO:

NEVER SAY NEVER / NICK STILWELL  
 3965 NE 15th Court Rd  
 Ocala, FL 34479

**DO NOT EMAIL APPLICATION**

## 2019 Registration Form / Application

# Never Say Never AMP Camp

August 7-11, 2019 19300 SE 3rd St. Silver Springs, FL 3488

CAMPER INFORMATION							
Name: _____	Sex:	Male	Female				
DOB: _____ <small style="text-align: center;">Month/Day/Year</small>							
Address: _____							
City, State, Zip: _____							
Camper's T-Shirt Size:	Youth	YS	YM	YL	YXL		
<i>Please specify Youth or Adult size</i>	Adult	Sm	Med	Lg	XL	2XL	3XL

- |   |     |    |
|---|-----|----|
| Does the camper have a prosthetic limb?                     | YES | NO |
| If the camper has a prosthesis, is it waterproof?           | YES | NO |
| Does the camper have swimming experience?                   | YES | NO |
| Does the camper have any water limitations?                 | YES | NO |
| Does the camper have any special needs or conditions?       | YES | NO |
| Does the camper have any allergies to food or medication?   | YES | NO |
| Does the camper have any dietary restrictions?              | YES | NO |
| Does the camper take any medications we should be aware of? | YES | NO |

***If you answered yes, to any of the above questions, or feel there is information we should know about your child, please provide details below:***

---



---



---



---

Name of Camper: \_\_\_\_\_

**Family member(s) attending AMP Camp with Camper:**

*Please include ALL family members, including Parent/Guardian*

Name	DOB	Relationship to Camper	T-shirt Size

Please list any medical conditions, allergies, special dietary needs, or general concerns that should be made known for any of the aforementioned participants:

The following release covers all person(s) listed above.

Please initial beside each statement of release and sign at the bottom.

	<p><b>Liability Release</b></p>	<p>I understand that having myself, my child and/or any of my family participating as a camper, family member and/or volunteer involved in any camp related activities such as sailing, kayaking, swimming, fishing, boating, athletic games, skating and any other unforeseeable camp related activity, there is a risk of injury. I understand that if a medical emergency or an injury should occur at the Never Say Never AMP Camp, that the Never Say Never Foundation will deal with the medical emergency as deemed medically necessary and with the protocols defined by the host facilities' guidelines. I understand that any medical insurance that the individuals have, will be used and I will not hold the Camp, the Never Say Never Foundation or the host facility responsible for any injuries or accidents that may occur to myself, my family or anyone during the Never Say Never AMP Camp, at any location during the event.</p>
	<p><b>Photo Release</b></p>	<p>I authorize the Never Say Never Foundation to take photos and videos for the use of promotional materials, pictures for sponsors and website development for the Never Say Never Foundation during the Never Say Never AMP Camp</p>
	<p><b>Emergency / Medical Release Release</b></p>	<p>I authorize emergency medical treatment of my child, myself or my family, if such treatment is deemed necessary and appropriate by a licensed medical professional during the Never Say Never AMP Camp at any location during camp.</p>

\_\_\_\_\_  
Signature(s) of Parent(s) or Guardian(s) for above Participants

\_\_\_\_\_  
Date

Name of Camper: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information:**

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

Phone: \_\_\_\_\_

***The following is to be answered by the named camper on this application. (1-2 paragraphs)***

Please tell us why you would like to attend Never Say Never Foundation's second annual AMP Camp and what you hope to learn/accomplish while you are there.