

Never Say Never Foundation, Inc.
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Please fill this form out,
save it as your name
and send it back to DeRuse:
dcoopernsn@gmail.com

Never Say Never AMP Camp 2025

Volunteer Registration Form

March 12-16, 2025

Never Say Never's AMP Camp is a wilderness camp for amputee children. This year camp will be hosted at Camp Kiwanis in Silver Springs, FL. The address is 19300 SE 3rd St. Silver Springs, FL 34488. You will be responsible for your own transportation to and from the camp. We will not be camping this year. Bring headlamp/flashlight/bugspray/sunscreen/bedding. You will be expected to *participate fully in camp, for its duration. A camp schedule will be emailed to you prior to camp.* Duties will be assigned upon arrival. We thank you for your willingness to volunteer at our 6th annual AMP Camp and helping to make it another successful event.

Volunteer Name:		T-Shirt Size:	
Email address:		Cell Phone Number:	
Sex:	Date of Birth:	Street Address:	
Emergency Contact Name & Phone Number		City, State:	Zip Code:
Special needs or conditions:		Do you have any prosthetics and are they waterproof?	
Any allergies to food or medications?		Please List Any Dietary Restrictions:	
Medications:		Anything else we should know?	

Please tell us why you would like to volunteer at The Never Say Never Foundation's 2025 AMP Camp. Tell us how you heard about AMP Camp. Include any special skills that you would like to share with our campers.

Limited Liability Release:

Liability Release: I understand that by having myself or any dependent as a camper, family member or volunteer involved in camp related activities such as, but not limited to, athletic games, kayaking, canoeing, fishing, swimming, archery and all water and non-water related activities, 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 my dependents or myself has will be used and I will not hold the Camp, Never Say Never Foundation, the host facility or any other organizations and/or entities responsible for any injuries or accidents that may occur to myself or my dependents during the Never Say Never AMP Camp at any location.

Photo Release:

Photo Release: I authorize the Never Say Never Foundation and its supporting organizations to take photos and videos for their use such as, but not limited to that of promotional materials, pictures for sponsors and website development, during the Never Say Never AMP Camp.

Limited Liability Release:

Emergency/Medical Release: I authorize emergency medical treatment of myself and my dependents, if such treatment is deemed necessary and appropriate by a licensed medical professional during Never Say Never AMP Camp at any location and basic over the counter medications to be administered if needed for you and your dependents at camp.

Signature of Volunteer

Date