



CAMP **TBi**

THE BEST IMAGINED... RE-IMAGINED!

NOV 4

WINTER PARK CIVIC CENTER | 1050 WEST MORSE BOULEVARD | WINTER PARK, FL 32789

The Brain Injury Association of Florida's *Camp TBi* is designed to help each member of the brain injury community experience "The Best Imagined!" ... which has now been remixed, revised and revived into "The Best...*RE-Imagined!*" Camp will take place on November 4, 2017, at the Winter Park Civic Center. Activities begin at 9AM (check-in at 8AM) and end at 6PM.

Online registration and payment is preferred. If possible, please register online at www.camptbi.org.

For paper registrations, each attendee must complete a separate form including payment information on page two of this form. **Forms must be received by October 27th.** Please note, there will be no refunds after October 27th. Call 850-410-0103 or email camptbi@biaf.org with questions.

Personal Information

Please note: this session of Camp TBi is only available to residents of one of the counties below.

Please select county: Orange Osceola Seminole

Name: _____ Male Female T-shirt size: _____

Age: _____ I understand that to attend, I must be 16 years old and accompanied by a parent or guardian if under 18 years old.

Is this your first *Camp TBi*? Yes No If no, how many years have you attended in the past? _____

Check the box that best describes you:

Survivor Family Member Caregiver Professional Other: _____

What support group do you attend? _____

Please elaborate or explain if you chose professional or other above.

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone: _____ Cell Home Work E-Mail: _____

ACCOMMODATION NEEDS

Do you use any devices to assist with mobility?

Powered Wheelchair Manual Wheelchair Mobility Scooter Walker Cane Gait Belt Other: _____

Do you need assistance with speech or communication?

American Sign Language Interpreter Spanish Interpreter Speech Generating Device Other: _____

MEDICATION NEEDS

Will you need to take medication during *Camp TBi*? (9AM -6PM) Yes No Will it need to be refrigerated? Yes No

Will it need to be administered by a medical professional? Yes No Will you need sharps disposal? Yes No

Please describe any dietary restrictions, food allergies or swallowing issues.

Payment Options

Remember, online registration and payment is recommended at www.camptbi.org.

Call 850-410-0103 or email camptbi@biaf.org with questions.

Choose your ticket type

Camp TBi Survivor Ticket \$35

Camp TBi Caregiver Ticket \$35

Choose your payment method

Credit Card Check or Money Order

Please mail registration form and payment to: Brain Injury Association of Florida (BIAF)
1637 Metropolitan Blvd., Suite B
Tallahassee, FL 32308

Name as it appears on card: _____ Card Number: _____

Signature: _____ Expiration Date: _____

Billing address if different from page one:

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact Information

Name: _____

How is your emergency contact related to you?

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone: _____ Cell Home Work

Registration will not be processed without an emergency contact.

Registration will not be accepted if you do not agree to abide by the waivers presented here. Please read carefully before you agree to these terms:

Photo Release:

I am 18 years of age or older and I give the Brain Injury Association of Florida the absolute right and permission to use my photograph or video in its promotional materials and publicity efforts without payment or other consideration. I understand that the images may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet), or other form of promotion. I release the organization, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature of *Camp TBi* Participant: _____ Date: _____

Signature of Parent or Guardian if under 18: _____ Date: _____