

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application



**\*Please keep a copy of all pages for your records. If accepted, bring this copy to camp check-in to ensure a smooth check-in process\***

## Paperwork Check-list

**APPLICATION** [Siblings require SEPARATE application and application fee please call RMV for information]

- Needed Camper Information [pages 3; 5-14]
- Consent Form to be signed & dated by Legal Guardian or by the Camper if they are Own Guardian [page 6]
- Service Dogs: If bringing service animal, please send vaccination records as well as assistance certification records.
- Medical form due at least 1 month before camp session. A new medical form is needed for each calendar year. This form will be sent with the Acceptance Packet or can be found on our website.

## FINANCIAL/ PAYMENT

- Registration fee of \$150.00 [if this camper is accepted, the remaining payment needed will be **\$700.00 due one month after Acceptance Packet is issued**]
- Credit Card information [page 13] or please send check payable to Easter Seals Colorado with the camper's name on the 'memo line'.

**-OR-**

- CCB (Community Center Board) letter of confirmation of their agreement to pay camp fees in full [page 13]. If you need support working with your CCB, please call (303) 569-2333

**Optional Financial Paperwork [only needed if requesting campership funds]:**

- Campership application [page 15]
- Most recent tax return, SSDI, social security, Medicaid, or proof of income copies. *Your campership request will not be processed until one or more of these proofs of income are provided.*

**Once PAGES 3-14 have been filled out and returned** to camp, RMV will process the application. If this camper has been accepted to summer camp, then an acceptance packet will be send to you with additional required forms. A \$150 deposit OR a letter of promise to pay from your CCB is required to process your application.

**Please Mail Application to:**

Easter Seals - Rocky Mountain Village  
PO Box 115 Empire, Co 80438  
Fax: (303) 569-3857 Phone: (303) 569-2333  
E-mail: [campinfo@eastersealscolorado.org](mailto:campinfo@eastersealscolorado.org)

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application

## Rocky Mountain Village 2017 Summer Camp Dates

**May 28 - June 2: Rendezvous** (*Young adults 21-35 with physical and/or developmental disabilities*)

**June 4 - June 9: Independence** (*Adults 35+ with developmental disabilities*)

**June 11 - June 16: Adventure** (*Children ages 6-14 with physical and/or developmental disabilities, including those individuals on the autism spectrum*)

**June 18 - June 23: MDA I** (*contact Muscular Dystrophy Association if interested*)

**June 19 - June 23: Travel Camp** (*Young adults 18+ with physical and/or developmental disabilities*)

**June 25 - June 30: MDA II** (*contact Muscular Dystrophy Association if interested*)

**July 2 - July 7: Summit** (*Adults age 35+ with physical disabilities*)

**July 9 - July 14: Leadership** (*Teens age 14-21 with physical and/or developmental disabilities*)

**July 16 - July 21: Mile High Hemophilia Camp** (*contact National Hemophilia Foundation – Colorado Chapter if interested*)

**July 23 - July 28: Talking with Technology** (*contact Children’s Hospital if interested*)

**July 30 - Aug 4: Horizon** (*Kids ages 15-21 on the autism spectrum*)

**July 30 - Aug 4: RYLA Plus** (*Leadership program for high school students with physical disabilities*)

- Sessions fill quickly, those that apply earlier in the year are more likely to be accepted with consideration to camper/ counselor ratios.
- The application will not be reviewed until the \$150.00 application/ registration fee is received. The only exception to this is if a CCB will be paying in full and we have received a letter of payment agreement

Rocky Mountain Village is operated in accordance with the US department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, or national origin. Rocky Mountain Village is a program of Easter Seals Colorado. The following information provided to RMV is confidential and required to assist RMV personnel in making the applicant’s camp experience more positive, safe, and enjoyable, **please complete this application in its entirety.**

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application

**2017 Summer Camp Session Preference For:** \_\_\_\_\_

(Please print camper name above)

If you are applying to only one camp session please place a number 1, 2, or 3 in the boxes next to the session dates of your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

If you are applying for this camper to attend more than one session this summer, please put a number 1 in front of both/all of those dates and check the last box.

- May 28- June 2: Rendezvous**
- June 4- June 9: Independence**
- June 11- June 16: Adventure**
- June 19- June 23: Travel Camp**
- July 2- July 7: Summit**
- July 9- July 14: Leadership**
- July 30- August 4: Horizon**
- July 30- August 4: RYLA+ Leadership Program** *(Please see page 4 for RYLA information and additional application requirements. The RYLA application process differs from other RMV sessions)*
- I am applying to attend multiple sessions this summer and have noted that by placing a '1' in those session's boxes**

|                             |                                           |                              |                               |
|-----------------------------|-------------------------------------------|------------------------------|-------------------------------|
|                             | <b>Please circle camper T-shirt size:</b> |                              |                               |
| Child Small<br>Adult Medium | Child Medium<br>Adult Large               | Child Large<br>Adult X-Large | Adult Small<br>Adult XX-Large |

The cost for one week of summer camp is \$850.00. The \$150.00 application fee will be deducted from this cost and your new balance upon acceptance will be \$700.00 to be paid privately, by the camper's Community Center Board (CCB), campership scholarship, or a combination of these means. Please indicate who will be paying for what amounts on page 13. A \$25.00 non-refundable processing fee will be retained by RMV if this camper is accepted and is unable to attend their camp session. Final payment will be due 1 month after the Acceptance Packet has been issued.

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application

## RYLEA Plus Leadership Program Info

### **Rotary's purpose of service to the community and world:**

Easter Seals Colorado is partnering with the Rotary Club of Denver Southeast in the development of a leadership training program occurring at the Easter Seals camp. We are reaching out to potential awardees of high school age who have physical disabilities or other similar challenges who are interested in participating in this one week leadership program.

Rotary Youth Leadership Awards (RYLA) is an international youth program created by Rotary International to encourage strong leadership in youth. Young people chosen for their leadership potential attend and all-expenses-paid camp to develop and enhance these leadership skills through activities conducted in an atmosphere of openness, trust, and respect.

Who should apply? High school students, preferably those entering their Junior and Senior year or just graduating from high school. Participants must be able to engage in an active program. Our initial focus is on individuals with physical or medical challenges. Applicants who are ready to take on the challenges listed below will be eligible to apply. All applicants will need to complete an application and participate in an interview. Participation will be selected by a committee after interviews conducted by ESC and Rotary personnel.

RYLA aims to teach what it takes to be an effective leader and provides for practice opportunities with one's peers. Every RYLA includes the following topics:

- Fundamentals of Leadership
- Ethics of Positive Leadership
- Importance of Communication Skills in Effective Leadership
- Conflict Management and Problem Solving
- Elements of Community and Global Citizenship

**Cost: Fees are subsidized by Denver Southeast and Easter Seals Colorado. Individuals awarded a spot to attend this program will not be charged**

Awardees must commit to staying for the entire week. Interviews will be required prior to selection

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

**Easter Seals Colorado - Rocky Mountain Village**  
**2017 Summer Camp Application**  
**Camper Contact Information**

Camper's Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Is this camper their own guardian: YES NO

Camper Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Check if this is the address that RMV should use for mailed items**

Camper Physical Address (if different than above): \_\_\_\_\_

Camper's Living Status:  Independent  With parents or family member  Group Home  Host home

**Camper Ethnicity (for statistical purposes only):**

Asian American  African American  Caucasian  Hispanic  Native American  Other

**Camper Level of Education: (for statistical purposes only):**

Less than 12 years (below high school)  High School Grad of GED  Some College or Associate's Degree

Bachelor's Degree  Graduate Degree (master's)  Other: \_\_\_\_\_

**Primary Contact Information**

First and Last Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

**Correspondence will come by mail. Please include your email below if you would prefer to communicate in that way.**

Email: \_\_\_\_\_ **\*Be sure to check spam and junk folders if using this method\***

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Agreement, Consent, and Release

With the understanding that Easter Seals Colorado will make every reasonable effort to prevent accidents, injuries, or other mishaps, I acknowledge the following by:

Please initial the lines next to each statement below to agree, consent, and release:

\_\_\_\_\_ The undersigned agrees to indemnify and hold harmless Easter Seals Colorado- Rocky Mountain Village for any and all claims, demands, costs, expenses, including reasonable attorney's fees that Easter Seals Colorado may suffer as a result of any claim, action. Demand, or judgement against it arising from the attendance at camp by this applicant. Provided, however, that the above and foregoing shall not be construed to indemnify the Easter Seals Colorado from any act of negligence or fault on the part of Easter Seals Colorado, its officers, agents, or employees.

\_\_\_\_\_ The undersigned does consent that photographs, video, or motion pictures may be taken of the named applicant during the camp period, and that said photographs, video or motion pictures may be published in newspapers, magazines, television, website, publicity releases, and/or other media.

\_\_\_\_\_ The undersigned, in case of emergency and in the event the primary contact cannot be reached by telephone, does hereby give permission for medical treatment by physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to: examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

\_\_\_\_\_ The undersigned does hereby agree to allow participation of applicant in all camp activities (except those specified as restricted)

\_\_\_\_\_ The undersigned gives permission for the applicant to ride in vehicles operated or leased by the Easter Seals Colorado- Rocky Mountain Village.

\_\_\_\_\_ The undersigned recognizes the right of the Camp Director, in his/ her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or other's health or safety while at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. Full camp fees are nonrefundable in case of above mentioned situations.

\_\_\_\_\_ The undersigned agrees to pay the full camp fee if the camper cancels one week or less prior to check in day. This includes not arriving on check in day.

\_\_\_\_\_ The undersigned agrees not to send the applicant to Rocky Mountain Village if he or she has been exposed to a contagious disease within three (3) weeks of the starting day of camp, and to notify Rocky Mountain Village if this situation arises.

\_\_\_\_\_ Weapons, pets, drugs, and alcohol are not allowed at Rocky Mountain Village. An exception may be made for trained service dogs for campers who require their services. The dog's owner assumes all responsibility for the care and actions of the dog. The dog must be free of disease and have current rabies license or tag. Dogs that exhibit any behaviors that put Easter Seals' staff, campers, or visitors at risk will not be permitted to remain. Costs to have animal removed from camp will be at the owner's expense. A copy of the dog's vaccines is required.

If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present written authorization from the undersigned. I do hereby authorize these individuals to pick up this applicant: \_\_\_\_\_

Please list anyone you **DO NOT** want to pick up your camper: \_\_\_\_\_

In witness where of I have here unto executed this agreement, consent, and release on this date:

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Printed Name:** \_\_\_\_\_

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Camper Care Information

This information is mandatory and will be used to determine whether the applicant's needs can be met adequately at Rocky Mountain Village as well as to prepare the individuals caring for your camper on how best to do so. All important information relative to the camper's health and well-being should be included on this application. **DO NOT** rely solely on verbal instructions at the time of registration to communicate important information about your camper. *\*If your camper has unique seizures, care routines, etc. we encourage you to send additional detailed written descriptions or videos on a flash drive or disc all to be kept confidential with your camper's file. This will further help our counselors and nursing staff to give your camper the best care possible.\**

**Nature of Camper's Disability** (please circle):

- |                         |                        |                        |
|-------------------------|------------------------|------------------------|
| ADD/ ADHD               | Hearing Impairment     | Spina Bifida           |
| Autism                  | Hemophilia             | Spinal Cord Injury     |
| Cerebral Palsy          | Mental Health Concerns | Terminal Illness       |
| Intellectual Disability | Muscular Dystrophy     | Traumatic Brain Injury |
| Down Syndrome           | Seizures               | Visual Impairment      |

Other: \_\_\_\_\_  I am sending additional care info in the form of: \_\_\_\_\_

**Year of Diagnosis:** \_\_\_\_\_

**Suggested Ratio for Care** (please circle, noting the ratios as campers: counselor to helps us with pairings):

Physically (based off of personal care needs and routines):

1 : 1            2 : 1            3 : 1            4 : 1

Socially (based off of ability to stay with a group and work with other campers):

1 : 1            2 : 1            3 : 1            4 : 1

**Mobility** (please circle):

- |                     |                   |                  |              |
|---------------------|-------------------|------------------|--------------|
| Walks Independently | Crutches          | Power Wheelchair | Walker       |
| Cane                | Manual Wheelchair | Scooter          | Other: _____ |

Does Camper Operate Own Wheelchair?      YES      SOMETIMES      NO

**Transfers** (please circle):

- |                      |                         |                                                     |
|----------------------|-------------------------|-----------------------------------------------------|
| Can Transfer Self    | Pivot/ Weight- Baring   | Total Assist/ Cannot Bare Weight or Aid in Transfer |
| Hoyer Lift Necessary | Other (describe): _____ |                                                     |

**Adaptive Devices** (please circle): Please Label all equipment brought to camp with camper's first and last name

- |                 |            |                                                                                                                   |                                                                                                           |
|-----------------|------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| AFO's/ Braces   | Dentures   | <u>Oxygen</u> (please call RMV to schedule delivery & pick up times. <u>Doctor's orders required for oxygen</u> ) | <u>Kangaroo Pump</u> (please include detailed feeding schedule and pump settings for nurse and counselor) |
| Hearing Aids    | Helmet     |                                                                                                                   |                                                                                                           |
| C-pap or Bi-pap | Prosthesis |                                                                                                                   |                                                                                                           |

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Camper Care Information Cont.

**Meal Time and Feeding Needs** (please circle):

Eating Support:

No Assist                      Partial Assist                      Total Assist

Diet Needs:

Normal                      Chopped                      Blended/ Puree                      NPO                      G-Tube Feeding  
 Gluten Free                      Dairy Free                      Diabetic                      Other: \_\_\_\_\_

FEEDING (G-TUBE) SCHEDULE AND PROCEDURES: \_\_\_\_\_

Describe typical appetite or feeding challenges: \_\_\_\_\_

May this camper have seconds?                      YES                      NO

**LATEX Allergy:**    YES                      NO

**FOOD Allergies:** \_\_\_\_\_

How severe are these allergies?                      Mild                      Moderate                      Severe (life- threatening)  
 If severe, will this camper bring an EPI Pen to camp?                      YES                      NO

**Communication Needs** (please circle):

Speech:

Normal                      Few Word Phrases                      1 Word Statements                      Vocalizations/ Sounds  
 Gestures                      Picture/ Word Cards                      Sign Language (please list primary or unique signs on additional sheet)

Adaptive Communication Device (please label with camper's first and last name)

Does camper express his/her needs? \_\_\_\_\_

Comprehension:

Understands short phrases                      Understands Full Sentences                      Able to Read                      Understands Sign Language

Hearing: Normal                      Some Difficulty                      Wears Hearing Aids (please send extra batteries)                      Total Loss

Vision: Normal                      Uses Glasses/ Contacts                      Legally Blind                      Total Loss

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_



# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Camper Care Information Cont.

**Dressing Needs** (please circle): \_\_\_\_\_

No Assist                      Partial Assist                      Total Assist                      Describe additional considerations: \_\_\_\_\_

**Washing/ Bathing Needs** (please circle): \_\_\_\_\_

No Assistance/ Independent                      Partial Assist (shampooing, adjusting water temp)                      Needs Verbal Cues  
 Total Assist/ Supervision                      Needs Assistance with Teeth Brushing                      Prefers AM or PM Shower

**Toileting Needs** (please circle): \_\_\_\_\_

Bladder:

Independent                      Needs Reminders/ Prompts                      Toilet Chair                      Incontinent

Bowel:

Independent                      Needs Reminders/ Prompts                      Toilet Chair                      Incontinent

Supportive Equipment Used:

Urinal                      Briefs/ Diapers                      Custom Briefs                      Ostomy                      Catheter: (type) \_\_\_\_\_

Bowel Program (describe): \_\_\_\_\_

How often is the camper reminded to use the bathroom or in need of being changed? \_\_\_\_\_

Typical Bowel Movements Are:

Independent/Unknown                      Loose                      Soft                      Hard                      Frequent Constipation

Does this camper require additional behavioral support during toileting?                      YES                      No

Describe motivational tools or rewards if used: \_\_\_\_\_

**This Section: Female Applicants Only** (please circle): \_\_\_\_\_

Does this applicant menstruate?                      YES                      NO

If yes, what assistance does she need (help with tampons before swimming only, help with pads, no tampons, etc.)?  
 \_\_\_\_\_

Does she experience cramps or abdominal pain?                      YES                      NO

How does she communicate her discomfort? \_\_\_\_\_

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Camper Care Information Cont.

**Overnight and Sleeping Needs** (please circle and detail answers):

Does this camper have difficulty falling asleep?            YES            NO            SOMETIMES: \_\_\_\_\_

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Does this camper sleep through the night?            YES            NO            SOMETIMES: \_\_\_\_\_

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Typical Bedtime: \_\_\_\_\_            Typical Wake Up Time: \_\_\_\_\_

Is this camper a risk for overnight wandering or vacating?            YES            NO

Does this camper need overnight turns?            YES            NO            WHEN: \_\_\_\_\_

    If yes, will this camper communicate need/ call out?            YES            NO

    Describe preferred positions: \_\_\_\_\_

Is this camper noisy or disruptive overnight ?            YES            NO

Does this camper need a hospital bed (for medical [breathing]/ personal care [use of hooyer lift] needs)?            YES            NO

    Describe: \_\_\_\_\_

Can this camper sleep on the top bunk?            YES            NO

Does this camper need bed rails?            YES            NO

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**Does this applicant have a night attendant** (a caregiver that oversees their health and safety through the night) **at home?**            YES            NO

    If yes, this applicant is responsible for bringing a night attendant with him/her to camp. Any camper with a tracheostomy or who uses a ventilator (this is different than using oxygen) must bring an attendant to camp. If this applicant needs and attendant, please call RMV at (303) 569- 2333, to arrange this or have further questions answered.

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Please describe, in detail, this camper's bedtime routine and needed care: \_\_\_\_\_

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Please describe, in detail, this camper's wake up routine and needed care: \_\_\_\_\_

---

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Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

**Easter Seals Colorado - Rocky Mountain Village**  
**2017 Summer Camp Application**  
**Camper Care Cont.**

**Social and Behavioral Needs:**

Has this applicant ever been sent home from or denied admission to a camp?                      YES                      NO

If yes, Please explain: \_\_\_\_\_

Has this applicant ever been away from his/ her parent/ primary caregiver?                      YES                      NO

When and Where: \_\_\_\_\_

What hobbies/ activities does this applicant enjoy? \_\_\_\_\_

Are there activities that this applicant does **not** enjoy and should be avoided? \_\_\_\_\_

List any special behavior challenges: \_\_\_\_\_

Does this applicant have aggressive outbursts?                      YES                      NO

If yes, when do they occur (list triggers) and what forms of aggression appear? \_\_\_\_\_

Describe effective methods and tools to support challenging behaviors: \_\_\_\_\_

Is this applicant prone to wandering or running away?                      YES                      NO

If yes, when is it likely to occur? \_\_\_\_\_

**We encourage your additional descriptions, videos, pictures, etc. to be sent with this application for our nurses,  
counselors, and program staff to best prepare an excellent week for this camper.**

*Thank you for completing the Camper Care section with detail and care!*

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application



## Easter Seals Colorado - Rocky Mountain Village Program and Activity Consent Form



\_\_\_\_\_ (Camper's Name)

\_\_\_\_\_ (Camp Session)

My Camper has no medical restrictions and may participate in all activities. \_\_\_\_\_

(Initials)

*If you initialed on the line above, skip the entire box below this text and go directly to the signature & date at the bottom of this page.*

OR

Please check those activities in which the camper is **NOT** allowed to participate, for MEDICAL reasons.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> <b>Fishing</b><br/>Our fishing ponds are stocked by the Colorado Division of Fish and Wildlife. The upper pond has shore fishing and two accessible docks. Equipment is provided.</p> <p><input type="checkbox"/> <b>Horseback Riding</b><br/>Our riding program has a therapeutic emphasis. Campers ride one at a time with one person leading the horse and two people walking alongside. If necessary a staff member will ride with the camper. All rides are conducted in our contained, fully accessible riding arena.</p> <p><input type="checkbox"/> <b>Zip Line &amp; Climbing Wall</b><br/>Our Zipline is fully accessible to anybody under 250lbs. Options to get to the zipline include a haul system or ascending the climbing wall, which is designed to give the maximum accessibility for people with physical disabilities.</p> <p><input type="checkbox"/> <b>Sports</b><br/>Campers enjoy friendly competition in the outdoors by participating in a variety of sports and games, with the emphasis on participating over winning.</p> | <p><input type="checkbox"/> <b>On-Camp Campouts</b><br/>Campers will have the opportunity to sleep in tents, prepare meals meals on camp stoves and enjoy a campfire. Campers will be supervised by counseling staff and remain on camp property.</p> <p><input type="checkbox"/> <b>Swimming</b><br/>Our outdoor swimming pool is kept at 88 degrees, so it is very relaxing for many of our campers. Recreational activities are provided. We also have a hot tub which is kept at 102 degrees.</p> <p><input type="checkbox"/> <b>Off-Camp Day Trips</b><br/>Trips may include, but are not limited to the following: hiking, fishing, Georgetown Loop Railroad, mine tours, sports events and picnics. Interested campers sign up on a daily basis, and a lottery system is used to decide who will go on the trip.</p> <p><input type="checkbox"/> <b>Horticulture</b><br/>Will learn hands on about planting and growing different vegetables, flowers, and plants. Campers will learn about native vs. non-native species of plants.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I hereby acknowledge and agree that the above named camper will be participating in camping, recreational, and outdoor activities during the summer camp program at Rocky Mountain Village. **I understand that instruction and participation will be tailored to meet the needs of those who have disabilities.** I further understand and acknowledge that the above named camper may be participating in any, or all, of the activities, unless checked, listed below:

\_\_\_\_\_ Camper/Guardian Signature

\_\_\_\_\_ Date

By entering your name on the line above, you agree to accept the terms of the above document with an electronic signature. Please check the box to acknowledge.

Feel free to call (303)569-2333 or email [campinfo@eastersealscolorado.org](mailto:campinfo@eastersealscolorado.org) if you have any questions

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application

## Financial Information

*This form must be filled out and returned for ALL potential campers*

- The \$150.00 registration fee is part of the TOTAL summer camp fee of \$850.00
- **NOTE PAYMENT PROCESS CHANGE:** Full payment is due one (1) month after issuing of Acceptance packet, unless a Community Center Board has agreed to pay camp fees. This new rule is implemented in hopes to help speed up and streamline the Sunday check-in process amongst other factors. [A Community Center Board or CCB is an agency that manages governmental funds allocated to people with disabilities. The CCBs we work with include but are not limited to the following: Rocky Mountain Human Services, Developmental Pathways (DP), Continuum of Colorado, DDRC, Imagine!, North Metro, and The Resource Exchange, Inc. (TRE)]
- If a CCB will be paying for a portion or the entire camp fee, please attach a signed letter of confirmation to this application from that CCB
  - Easter Seals Colorado Rocky Mountain Village will bill the CCB the Monday after the camper has attended camp
  - If payment is being made by a CCB, In order to process this application, Easter Seals Colorado will contact the CCB and exchange information with that CCB
- Please be aware, you will be responsible for the payment of camp fees if the CCB does not pay
- No refunds will be made if the camper leaves camp after the session has begun because of homesickness, behavior problems, illness, or any other reason

### Payment Information:

The camper's fees will be paid by (please fill in amount to be paid by each source that applies):

\$ \_\_\_\_\_ Family or Guardians                      \$ \_\_\_\_\_ CCB (**complete contact information below**)  
 \$ \_\_\_\_\_ Self (camper)                                      \$ \_\_\_\_\_ Easter Seals Campership  
 \$ \_\_\_\_\_ Foundation other than CCD (please Identify) \_\_\_\_\_

### Credit Card Payment Information:

Check one:     Visa                       MasterCard      Card Number: \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
 CID# (3 digit security code on back of card): \_\_\_\_\_      Billing Zip Code for Card: \_\_\_\_\_  
 Amount to be charged \_\_\_\_\_      Signature of Cardholder \_\_\_\_\_

### Community Center Board Information (complete if CCB will be paying any portion of camp fees)

Name of CCB: \_\_\_\_\_      Contact Person at CCB: \_\_\_\_\_  
 CCB Contact Person's email Address: \_\_\_\_\_  
 CCB Contact Person's Phone Number: \_\_\_\_\_  
 Medicaid Number: \_\_\_\_\_      Waiver Type: \_\_\_\_\_      SIS Level: \_\_\_\_\_

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application Income Information

*This information will be compiled and used for reports to Easter Seals National, Foundations, and for grant applications. The cost to RMV to serve each camper is \$1225.00 per week (THIS IS NOT WHAT YOU ARE CHARGED). To keep the costs for each camper at the current rate of \$850.00. This information is needed in order for RMV to receive donations, contributions, and to apply for various grants. We thank you for providing this info to help us continue to serve our mission.*

|                   |                    |                    |                      |                     |
|-------------------|--------------------|--------------------|----------------------|---------------------|
| Household income: | Less than \$10,000 | \$25,000- \$34,999 | \$75,000- \$99,999   | \$200,000 and above |
|                   | \$10,000- \$14,999 | \$35,000- 49,999   | \$100,000- \$149,999 |                     |
|                   | \$15,000- \$24,999 | \$50,000- \$74,999 | \$150,000- \$199,999 |                     |

- |                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| 1.) Is this camper on Medicaid?                                                           | YES | NO |
| 2.) Are members of this household receiving free or reduced cost school lunches?          | YES | NO |
| 3.) Are you currently receiving food stamps or "Aid to Families with Dependent Children"? | YES | NO |
| 4.) Is the camper over 18 years of age and is his/ her only income SS or SSDI?            | YES | NO |
| a. If yes, what is the monthly amount received? _____                                     |     |    |
| b. Is there any other source of income (please explain) _____                             |     |    |

*We thank you for taking the time to complete this application in its entirety! We look forward to seeing you this summer!*

- **Please continue onto page 15 to find the Campership Scholarship Application.**
- **Please reference page 17 for helpful Medical Form information.**



Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village 2017 Summer Camp Application RMV Campership Application

*(This page is only to be filled out if applying for scholarship funds)*

Easter Seals Colorado secures funding through a variety of foundations, grants, special events, and individual gifts to assist with keeping the fee of camp as low as possible and to provide funds for camperships. Every year Easter Seals Colorado supplements the actual cost of camp by 34% and as long as this is possible, will continue to do so. While completing this application, please remember that there are many campers asking for the same funds and to please limit your request to what is truly needed.

**Important:**

- 1.) **You must include a copy of your most recent tax refund, SSDI, SS, AND/ OR Medicare statement and attach them to this application. Campership applications will not be considered without a copy of one of these proof of income documents**
- 2.) Awards will be determined by the amount of monies ESC is able to raise for camperships, the number of camper requests, financial need and with some regard to when the application has been received
- 3.) ESC does not guarantee that the campership amount requested, if any, will be awarded
  - a. Our development department and grant writing department will continue to work tirelessly to obtain funds to assist campers to attend Rocky Mountain Village
- 4.) The maximum request is \$350.00
- 5.) The funds for these scholarships come from foundations, organizations, and individuals. Programs at Rocky Mountain Village are operated in accordance with the US Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, disability, religion, or national origin.
- 6.) This application must be fully completed to be considered. Please return it to:  
Easter Seals Rocky Mountain Village  
PO Box 115 Empire, CO 80438  
Fax: (303) 569-3857  
If you have any questions, please call (303) 569-2333 or email [campinfo@eastersealscolorado.org](mailto:campinfo@eastersealscolorado.org)

Camper Name: \_\_\_\_\_ Campership amount being requested: \_\_\_\_\_

Camper's City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

*Please attach a copy of your most recent tax return, SSI, SSDI, Medicare statement, or official proof of income in order for thins application to be considered*

List information below for ALL household members (If the camper is in a group home or host home, only the camper's information is required. If the camper lives with family, total household count and income is required):

| Name | Age | Annual Income (before deductions) including SSI and other income |
|------|-----|------------------------------------------------------------------|
|      |     |                                                                  |
|      |     |                                                                  |
|      |     |                                                                  |
|      |     |                                                                  |
|      |     |                                                                  |
|      |     |                                                                  |

Total # of Household Members: \_\_\_\_\_ Total Annual Household Income: \_\_\_\_\_

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_

# Easter Seals Colorado - Rocky Mountain Village

## 2017 Summer Camp Application

### Helpful Medical Form Information

**Medical Forms will be sent out with Acceptance Packets or can be found online.**

#### Medical forms are due 1 month before the camper's session start date

- If this camper is 21 years of age or younger, please attach a copy of their Immunization Records. This information is required.
  - If a Vaccination Exemption Form is needed, please call RMV at (303) 569-2333 and one will be sent to you to fill out and return.
- Please send a copy of campers insurance card with the completed application. This is required.
- If a camper receives food, water or medical through a feeding tube there will be an additional G-Tube Protocol Form sent to you with your Acceptance Packet for your doctor to sign off on confirming details of the feedings.
- The Easter Seals Colorado Medical Form **MUST BE FILLED OUT COMPLETELY**, signed, and dated by a doctor or medical provider.
  - A physical exam is not required by camp (we accept forms that have been sent to your camper's medical provided to be filled out with their agreement), however if the camper's medical provider requires an exam before they will fill out the form, please schedule this with the camper's medical office.
- Camper medication and supplements are taken very seriously here at RMV. The medications listed and signed off by the medical provider on the medical form must **EXACTLY MATCH** the medications brought to camp upon check-in.
  - We understand that changes to medications and health status occur often. Once the medical form has been sent in to RMV, if there are any changed, please mail or fax updated prescriptions and orders to RMV. This will help streamline the medication check- in process. RMV Fax: (303) 569-3857 Email: [campinfo@eastersealscolorado.org](mailto:campinfo@eastersealscolorado.org)
- The Over the Counter Form (OTC Form) may be filled out by the camper's health care provider OR parent/guardian.
  - If this camper lives in a group home and there is not a staff member qualified to make OTC decisions for this camper, please have the health care provider complete the OTC Form

Thank you for carefully filling out this application and reviewing the medical information for your camper. It helps us to provide the safest and most individualized care for their time here at camp.

Camper Name \_\_\_\_\_ 2017 \_\_\_\_\_