easterseals Camp Fairlee

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Web: www.de.easterseals.com/fairlee

SUMMER RESPITE REGISTRATION FORM

Before sending the registration form, please ensure you have included the following:

- Page 1-6 completed
- Signed Waiver and Release (page 3)
- Letter of Intent (if funding to be provided by organization/agency/group)
- $100 deposit to process the registration

Participant Information (Please print clearly or type)

First Name: Last Name: ☐ New Participant ☐ Returning Participant

Physical Address:

City: State: Zip: County:

Mailing Address: (if different than above)

City: State: Zip: County:

Birthdate: Age:

Male/Female: Height: Weight:

Ethnic Origin: (optional-please check one) ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manger Information (please check one)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

E-mail:

Best form of contact: ☐ Phone ☐ E-mail

Emergency Contacts (please provide all three)

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

Name: Relationship:

Home Phone: Cell Phone: Work Phone:

2018 Summer Dates

Sessions are organized according to age.
Please check the session or sessions the participant wishes to attend.

Summer Camp Session

June 10-15, 2018 (6 Day)	Adult Retreat	☐ $1600 (3:1+)
July 8-13, 2018 (6 Day)	Youth/Adult	☐ $1600 (3:1+) ☐ $2100 (1:1) ☐ MD Autism Waiver(82hrs)
July 15-26, 2018	12 day Youth/Adult	☐ $3200 (3:1+) ☐ $4200 (1:1) ☐ MD Autism Waiver(165hrs)
July 15-20, 2018 (6 Day)	Week 1 Only	☐ $1600 (3:1+) ☐ $2100 (1:1) ☐ MD Autism Waiver (82hrs)
July 21-26, 2018 (6 Day)	Week 2 Only	☐ $1600 (3:1+) ☐ $2100 (1:1) ☐ MD Autism Waiver (82hrs)
July 29 - Aug 3, 2018 (6 Day)	Autism/1:1 (6-21)	☐ $2100 (1:1) ☐ MD Autism Waiver (82hrs)
August 5 -10, 2018 (6 Day)	Youth/Adult	☐ $1600 (3:1+) ☐ $2100 (1:1) ☐ MD Autism Waiver (82hrs)
August 12-17, 2018 (6 Day)	Autism/ 1:1 (6-21)	☐ $2100 (1:1) ☐ MD Autism Waiver (82hrs)
August 19-24, 2018 (6 Day)	Youth/Adult	☐ $1600 (3:1) ☐ $2100 (1:1) ☐ MD Autism Waiver(82hrs)
August 26-30, 2018 (5 Day)	Adults (21+)	☐ $1333 (3:1+) ☐ $1750 (1:1)

Daily Adventure and Summer Vacations

June 16-24, 2018 (7 Day)	Carnival Cruise: Eastern Caribbean	☐ $2700 (3:1+) 8 openings
July 29 - Aug 3, 2018 (6 Day)	Youth Daily Adventure	☐ $2000 (3:1+) 8 openings
August 12-17, 2018 (6 Day)	Adult Daily Adventure	☐ $2000 (3:1+) 8 openings
August 19-24, 2018 (6 Day)	Poconos Mountain Vacation	☐ $2000 (3:1+) 10 openings

Referral Information (Please complete, even if you are a returning participant)

Name of Teacher/Caseworker/Coordinator:

Agency:

Address:

Phone:

PAYMENT INFORMATION AND OPTIONS (MUST be completed and signed. Please check all that apply)

_____ Choice 1: Full payment enclosed

_____ Choice 2: $100 deposit enclosed (for each session choice)

_____ Choice 3: Paying by credit card (Visa/MasterCard/Discover/American Express—Please call with card information.)

_____ Choice 4: Paying balance monthly

_____ Choice 5: Autism Waiver **(A copy of your Plan of Care must be submitted to camp with the number of hours needed.)**

Amount Enclosed: $_____ Balance left to be paid: $_____

Signature of individual responsible for payments/balance: _____

We encourage you to contact clubs, businesses, organizations and agencies for funding assistance. Please note: If a funding source is paying your deposit and/or balance, a completed **Letter of Intent** must be completed and on file (page 9).

_____ Choice 6: Balance to be paid by an agency or organization. (Please complete information below.) **$**_____

_____ Choice 7: Deposit and balance to be paid by an agency or organization. (Please complete information below.) **$**_____

Agency/Organization Name:_____ Contact Name: _____

Address:_____

City:_____ State:_____ Zip Code:_____ Phone:_____

WAIVER AND RELEASE (MUST have a signature in order to process the application)

This document must be signed by either the participant and or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming, challenge course and waterfront. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware and Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program. In the event the program staff determine that the participant cannot meet the program eligibility requirements, the participant may be dismissed. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant.

Participant is liable for any damage to the property of Easterseals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips, Participant acknowledges that transportation may be provided for program related purposes in a vehicle provided by Easterseals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easterseals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver and release.

_____

Signature of Parent/Guardian: **Date:**

_____

Signature of Participant (if over 18 years of age): **Date:**

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type)

Name:	Last Name:	Nickname:

Disability Information (Please **check** the **primary** and underline all that apply)

- ☐ Speech-language
- ☐ Hearing impaired
- ☐ Visually impaired
- ☐ Breathing treatment
- ☐ Peripheral Nerve Injury/Disorder
- ☐ Muscular Dystrophy
- ☐ Central Nervous System Injury/Disorder
  - ☐ Stroke
  - ☐ Epilepsy/Seizure Disorder
  - ☐ Multiple Sclerosis
  - ☐ Head Injury
  - ☐ Spinal Cord Injury
- ☐ Neurological Condition(s) at Birth
  - ☐ Cerebral Palsy
  - ☐ Down Syndrome
  - ☐ Spinal Bifida
- ☐ Social/Psychological
  - ☐ Autism
  - ☐ Behavior
  - ☐ Alcohol/Drug Disorders
  - ☐ Psychosis
- ☐ Learning/Developmental Delay
- ☐ Intellectual Disability

Level: ☐ Mild ☐ Moderate ☐ Severe/ Pro-

- ☐ Attention Deficit Disorder
- ☐ Orthopedic Impairments at Birth
- ☐ Postural Disorders
- ☐ Heart, Circulatory, Respiratory
- ☐ Asthma
- ☐ Skin and Cellular Tissue Disorder
- ☐ Allergic/Metabolic/Nutritional
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Geriatric Aging
- ☐ Other Disabilities (please list)

_____

General Background (Please check all that apply)

Communication

- ☐ Speaks clearly
- ☐ Uses sign language
- ☐ Speaks, but may be difficult to understand
- ☐ Uses communication board
- ☐ Gestures
- ☐ Other: _____

Language Spoken/Understood_____

Vision

- ☐ normal ☐ mild/moderate loss
- ☐ severe/total loss

Does participant wear corrective lenses? ☐ Y ☐ N

Hearing

- ☐ Normal ☐ Mild/Moderate Loss
- ☐ Severe/Total Loss

Does participant wear hearing aids? ☐ Y ☐ N

Mobility

- ☐ Walks independently
- ☐ Walks with assistance
- ☐ Walks with cane/crutches/walker
- ☐ Walking ability affected, but walks independently
- ☐ Uses wheelchair
  - ☐ manual ☐ power
- ☐ uses AFOs

Personal Care (Please check all that apply and provide a complete description if participant requires assistance)

Task	Independent	Requires Some Assistance	Requires TOTAL Assistance	Description of Assistance Needed
Dressing				
Showering				
Toileting				
Teeth Brushing				
Shaving				
Transferring				
Menstruation				

Aids used (check all that apply)	☐ Diapers	☐ Bedpan	☐ Urinal	☐ Toilet chair
Bladder control	☐ Normal	☐ Has accidents	☐ Incontinent	☐ Wets bed
Bowel control	☐ Normal	☐ Has accidents	☐ Incontinent	☐ Colostomy
Eating assistance	☐ No assistance	☐ Partial assistance	☐ Total assistance	☐ Can feed self finger foods ☐ G-Tube ☐ Uses Straw

What adaptive devices are used for eating? (must be sent to camp)_____

Does participant have difficulties swallowing? ☐ Solids ☐ Liquids

Does participant have any known food allergies or problems with foods?_____

PROGRAM INFORMATION

Horseback Riding: The program is held at Worthmore Farms, a KART riding center accredited by the Professional Association of Therapeutic Horsemanship (PATH). Instruction is provided under the direction of a PATH certified therapeutic riding instructor. All riders use a leader and side walkers.

Swimming: Swimming is a lifeguard supervised activity. All lifeguards, hold an American Red Cross certified on a yearly basis that covers CPR, First Aid & AED and Lifeguard certification. Participants who are unable to swim wear life jackets and all campers must pass a swim test to be able to swim in the deep end.

Challenge Course: A Challenge Course program is accredited through ACA and the ACCT. Inspections are conducted annually on all equipment and the tower. Staff participate in yearly training. Participants are required to have trunk and head control to participate. Our challenge course is based on challenge by choice and is a Universal Climbing program for all abilities.

Canoeing: A lifeguard supervised activity, all of which are CPR, First Aid certified, as well as trained canoeing instructors. Participants must have trunk and head control to participate.

Transportation: Camp Fairlee transports all participants by bus to waterfront and horseback riding activities. All buses are inspected on a routine bases.

Hiking: The trails at Camp Fairlee are flat and not strenuous: It is a 1 mile hike, and appropriate shoes are required. All trails are supervised.

Hayrides and Campfires are weekly program activities. All participants have the option of participating in.

Activity Restrictions (All activities are accessible for people with disabilities.)

A wide variety of programs are offered at Camp Fairlee, including those listed below. Please indicate which activities the participant should or should not engage in.

ACTIVITY	Ok To Participate	CANNOT Participate	ACTIVITY	Ok To Participate	CANNOT Participate
Horseback Riding			Transportation		
Swimming			Hayrides		
Challenge Course			Hiking		
Canoeing/Kayak			Campfire		

Please list any other activities which you feel the participant be engaged in:

Additional Information

Has the participant previously attended a residential camp? ☐ Yes ☐ No
If yes, what camp: _____

If yes, was it a positive experience? ☐ Yes ☐ No
If no, please explain: _____
_____
_____

Does the participant follow direction? ☐ Yes ☐ No ☐ Occasionally
If no or occasionally, please explain: _____
_____

Does the participant have any behaviors of which the staff need to be aware of? ☐ Yes ☐ No
If yes, please explain:_____
_____

Are there key actions, words, or phrases used to stop behavior and redirect? ☐ Yes ☐ No
If yes, please explain: _____
_____

Is a behavior management plan currently being used with the participant? ☐ Yes ☐ No
If yes, please send a copy with the application. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow plans within agency policies.

Does the participant sleep through the night? ☐ Yes ☐ No
If no, please explain: _____
_____

Please list any strong fears the participant may have: _____
_____

Please list any activities the participant especially dislikes: _____
_____
_____

Please list any activities the participant especially enjoys: _____
_____

Please use this space for any other information you feel would be helpful in providing the best experience for the Participant: _____
_____
_____
_____
_____

2018 Schedule and Descriptions

This is yours to keep

Adult Respite Week
Campers enjoy swimming, arts and crafts, sports and games, fishing and canoeing, evening activities and much more. (3:1+ ratio)

June 10-15, 2018	**6 Day**	**Adult 21+**
August 26-30, 2018	**5 Day**	**Adults 21+**

Youth/Adult Respite and Autism Weeks: Campers enjoy swimming, arts and crafts, sports and games, fishing and canoeing, evening activities and much more. (3:1+ ratio and 1:1 ratio)

July 8-13, 2018	**6 Day**	**All Ages**
July 29- August 3, 2018	**6 Day**	**Youth 6-21**
August 5-10, 2018	**6 Day**	**All Ages**
August 12-17 2018	**6 Day**	**Youth 6-21**
August 29-24, 2018	**6 Day**	**All Ages**

Youth/Adult 12 Day Respite
A 11 night stay. Traditional camp activities will be the highlight of the stay—arts and crafts, sports and games, high ropes, swimming and canoeing. Evening activities include dances, game night, murder mystery, camp fires, hayrides and much more. (3:1+ ratio and 1:1 ratio)

July 15-26, 2018	**12 Day**	**All Ages**
July 15-20, 2018	**Week 1 only**	
July 21-26, 2018	**Week 2 only**	

Daily Adventure A daily adventure will be taken off camp grounds each day to the beach, amusement park, baseball game or another exciting destination. **All participants must be on a 8am and 8pm medication schedule. (**3:1+ ratio)

Youth July 29- August 3, 2018	**6 Day**	**Youth 13-21**
Adult August 12-17, 2018	**6 Day**	**Adults 21+**

Ratio Descriptions

1:1 Ratio

This ratio applies to participants who need constant supervision and individual assistance, such as:

- Verbal prompts
- Reminders, gestures, schedules
- Hand-over-hand assistance during their daily schedule meals and morning/night routines
- Participants can be ambulatory or use a wheelchair.
- They may bear weight or need full assistance from the staff, such as a 1/2/3 person transfer or Hoyer lift.
- Total assistance with bathing, toileting and brushing teeth
- Poor balance

This also applies to a participant that has a history or current history of disruptive behaviors:

- Elopement
- Non-compliance
- Inappropriateness
- Sleeping issues or any other behavior that could be considered disruptive to self or others.
- Participants who do not attend planned camp activities on a regular basis

This ratio also applies to participants who require hourly health services:

- such as tube feedings
- overnight tube feedings or other health treatments that must be given by a nurse periodically throughout the day.

3:1 + Ratio

This ratio applies to participants who are typically independent or need minimal assistance from staff such as:

- verbal prompts
- reminders, or gestures during their daily camp schedule
- Participants must be ambulatory and/or use a wheelchair
- must be able to transfer independently or with minimal assistance.
- Participants must also follow directions from their assigned staff on a regular basis
- They must participate in activities on a regular basis with no disruptive behaviors.
- No assistance with bathing, toileting and brushing teeth

LETTER OF INTENT FOR FUNDING

for

Easterseals Camp Fairlee

This form must be on file before acceptance packet is sent.

By completing this, your organization, agency or group has agreed to provide funding for the participant named below, who will be attending Easterseals Camp Fairlee during the time frame listed below.

Organizations, agencies and groups such as yours, are vital in helping people with various disabilities enjoy the independence that a summer respite camping experience can provide. If you require any further information, please do not hesitate to contact us directly.

Please make sure this form is filled out completely. Mail or fax as soon as possible to our **Administrative Assistant** at: Camp Fairlee, 22242 Bay Shore Road, Chestertown, MD 21620. Phone: (410) 778-0566. Fax: (410) 778-0567. Our Federal ID number is 51-0066728.

1. Name of participant requesting funding from below organization/agency/group

Name: _____

Address: _____

Camp Session Date/s: _____

Amount of Funding Requested: **$**_____

2. This section <u>MUST be completed and signed</u> by the Organization/Agency/Group authorizing payment

The following Organization, Agency or Group has agreed to provide funding in the amount of **$** _____ for the above participant who will be attending Easterseals Camp Fairlee.

Organization/Agency/Group Name: _____

Organization/Agency/Group Contact: _____

Organization/Agency/Group Address: _____

_____

Organization/Agency/Group Phone: _____

Signature of Authorizing Contact: _____Date:_____

☐ Payment enclosed ☐ Please send invoice before session ☐ Please send invoice after session

Checks can be made payable to:

Easterseals Delaware and Maryland's Eastern Shore

On behalf of the people we serve, Camp Fairlee THANKS YOU for your support.

easterseals Camp Fairlee