



22242 Bay Shore Rd., Chestertown, MD 21620
 Phone: 410-778-0566 Fax: 410-778-0567
 E-mail: Fairlee@esdel.org
 Web: www.de.easterseals.com/fairlee

SUMMER RESPIRE 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:	<input type="checkbox"/> New Participant	<input type="checkbox"/> 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) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> 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: <input type="checkbox"/> Phone <input type="checkbox"/> 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	<input type="checkbox"/> \$1600 (3:1+)
July 8-13, 2018 (6 Day)	Youth/Adult	<input type="checkbox"/> \$1600 (3:1+) <input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver(82hrs)
July 15-26, 2018	12 day Youth/Adult	<input type="checkbox"/> \$3200 (3:1+) <input type="checkbox"/> \$4200 (1:1) <input type="checkbox"/> MD Autism Waiver(165hrs)
July 15-20, 2018 (6 Day)	Week 1 Only	<input type="checkbox"/> \$1600 (3:1+) <input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
July 21-26, 2018 (6 Day)	Week 2 Only	<input type="checkbox"/> \$1600 (3:1+) <input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
July 29 - Aug 3, 2018 (6 Day)	Autism/1:1 (6-21)	<input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
August 5 -10, 2018 (6 Day)	Youth/Adult	<input type="checkbox"/> \$1600 (3:1+) <input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
August 12-17, 2018 (6 Day)	Autism/ 1:1 (6-21)	<input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver (82hrs)
August 19-24, 2018 (6 Day)	Youth/Adult	<input type="checkbox"/> \$1600 (3:1) <input type="checkbox"/> \$2100 (1:1) <input type="checkbox"/> MD Autism Waiver(82hrs)
August 26-30, 2018 (5 Day)	Adults (21+)	<input type="checkbox"/> \$1333 (3:1+) <input type="checkbox"/> \$1750 (1:1)

Daily Adventure and Summer Vacations

June 16-24, 2018 (7 Day)	Carnival Cruise: Eastern Caribbean	<input type="checkbox"/> \$2700 (3:1+) 8 openings
July 29 - Aug 3, 2018 (6 Day)	Youth Daily Adventure	<input type="checkbox"/> \$2000 (3:1+) 8 openings
August 12-17, 2018 (6 Day)	Adult Daily Adventure	<input type="checkbox"/> \$2000 (3:1+) 8 openings
August 19-24, 2018 (6 Day)	Poconos Mountain Vacation	<input type="checkbox"/> \$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:
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Disability Information (Please check the primary and underline all that apply)

<input type="checkbox"/> Speech-language <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Breathing treatment <input type="checkbox"/> Peripheral Nerve Injury/Disorder <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Central Nervous System Injury/Disorder <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Head Injury <input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Neurological Condition(s) at Birth <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Social/Psychological <input type="checkbox"/> Autism <input type="checkbox"/> Behavior <input type="checkbox"/> Alcohol/Drug Disorders <input type="checkbox"/> Psychosis <input type="checkbox"/> Learning/Developmental Delay <input type="checkbox"/> Intellectual Disability Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/ Pro-	<input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Orthopedic Impairments at Birth <input type="checkbox"/> Postural Disorders <input type="checkbox"/> Heart, Circulatory, Respiratory <input type="checkbox"/> Asthma <input type="checkbox"/> Skin and Cellular Tissue Disorder <input type="checkbox"/> Allergic/Metabolic/Nutritional <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Geriatric Aging <input type="checkbox"/> Other Disabilities (please list) _____
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General Background (Please check all that apply)

Communication <input type="checkbox"/> Speaks clearly <input type="checkbox"/> Uses sign language <input type="checkbox"/> Speaks, but may be difficult to understand <input type="checkbox"/> Uses communication board <input type="checkbox"/> Gestures <input type="checkbox"/> Other: _____ Language Spoken/Understood _____	Vision <input type="checkbox"/> normal <input type="checkbox"/> mild/moderate loss <input type="checkbox"/> severe/total loss Does participant wear corrective lenses? <input type="checkbox"/> Y <input type="checkbox"/> N Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss <input type="checkbox"/> Severe/Total Loss Does participant wear hearing aids? <input type="checkbox"/> Y <input type="checkbox"/> N	Mobility <input type="checkbox"/> Walks independently <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Walks with cane/crutches/walker <input type="checkbox"/> Walking ability affected, but walks independently <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> manual <input type="checkbox"/> power <input type="checkbox"/> uses AFOS
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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)	<input type="checkbox"/> Diapers	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Urinal	<input type="checkbox"/> Toilet chair
Bladder control	<input type="checkbox"/> Normal	<input type="checkbox"/> Has accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Wets bed
Bowel control	<input type="checkbox"/> Normal	<input type="checkbox"/> Has accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Colostomy
Eating assistance	<input type="checkbox"/> No assistance <input type="checkbox"/> Partial assistance <input type="checkbox"/> Total assistance <input type="checkbox"/> Can feed self finger foods <input type="checkbox"/> G-Tube <input type="checkbox"/> 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 **MUST be completed and signed** 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.

