



Easterseals Camp Challenge Summer Day Camp Application

Thank you for your interest in attending our day camp this year. We have many exciting programs and activities planned for your enjoyment.

Please be sure to have the following items completed and enclosed in your application packet:

- Completed Application form with legal guardian signature(s)
- Fee and Payment Information with Signatures
- Medical and Liability release/Insurance information form
- Media Release form
- Check made payable to "Easter Seals Florida, Inc." for deposit or full amount.

We ask that you provide as much detail as possible so that we can best meet the needs of the camper and provide the most enjoyable experience possible. **Please note: We cannot fully process an application and confirm acceptance to the program without a deposit, or completed application packet. For our record keeping purposes all applications must be fully completed, and all questions answered. Incomplete applications will be returned and acceptance into the program will not be guaranteed.**

Once you have completed the enclosed forms, please send them to:

Easterseals Camp Challenge
31600 Camp Challenge Road
Sorrento, FL, 32776

Email: camp@fl.easterseals.com or Fax: (352) 383 - 0744

Easterseals Camp Challenge 2017 T-Shirt

As is the camp tradition, we are again having a T-Shirt made to commemorate the summer camp season. A place for your name to be written will be on the left sleeve with "2017" below.

All T-Shirts must be pre-ordered. If you would like to order a T-Shirt, make your selection below :

Camper Name: _____



T-Shirt Sizes: (Please write number of each size you would like)

Child S (\$12) _____	Adult S (\$12) _____
Child M (\$12) _____	Adult M (\$12) _____
Child L (\$12) _____	Adult L (\$12) _____
Child XL (\$12) _____	Adult XL (\$12) _____

Include payment for camp deposit and t-shirt with your application.



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Summer Day Camp Dates	
<input type="checkbox"/>	Session 1 – June 12-16, 2017
<input type="checkbox"/>	Session 2 – June 19-23, 2017
<input type="checkbox"/>	Session 3 – June 26-June 30, 2017
<input type="checkbox"/>	Session 4 – July 3-7, 2017
<input type="checkbox"/>	Session 5 – July 10-14, 2017
<input type="checkbox"/>	Session 6 – July 17-21, 2017
<input type="checkbox"/>	MORNING CARE (7:45 –9:00AM)
<input type="checkbox"/>	AFTERNOON CARE (4:30 – 5:30PM)

Section I: General Information

Camper's Full Name: _____

Address: _____

Street City State Zip County

DOB: ____/____/____ Age: ____ Sex: ____ Height: _____ Weight: _____ Ethnicity: _____

Phone: (_____) _____ Email: _____

Veteran Status: Active Duty Veteran Family Member of a Veteran None

Is this your first time attending Camp Challenge? Yes No

If so, how did you hear about Camp Challenge? _____

	PAYER Party responsible for camper PAYMENT	EMERGENCY CONTACT during camp session: <input type="checkbox"/> Same as Payer
Name		
Address		
Phone		
Relationship to Camper		

Name of Individual(s) That Camper May Be Released To: _____

Estimated daily time of arrival to camp (must be between 8:00 and 9:00am) : _____

Estimated daily time of pick-up (no later than 5:30pm) _____

****Please discuss any changes to the estimated schedule with day camp staff****

Section II Disability & Behavioral Information

Does camper have any disabilities or special needs? If yes, please explain: Yes No

Does camper have any behavioral concerns? Please describe in detail when these behaviors typically occur, what they look like, how long they last, and what you typically do to calm the situation: Yes No

Does camper have any routines that are significant for camp staff to be aware of? If yes, please explain: Yes No

Are transitions (moving from one activity/place to another) a challenge for camper? If yes, please explain and include details on strategies that are successful: Yes No

Section III: Recreation & Activities

Please list the activities (sports, hobbies, etc) the camper currently participates in:

Does the camper have any adaptive equipment to assist with participation in activities? If yes, please explain: Yes No

Does the camper have any limitations to being outside in the sun/heat for approximately 45 minutes at a time? Yes No
If yes, please explain:

Swimming: Please check all that apply regarding camper's swimming ability.

- Swims well without assistance Swims with assistance Non-swimmer
 Other information pertaining to swimming/pool:
-
-

Nature/Farm:

Does the camper have any allergies to animals? If yes, please explain: Yes No

Does the camper have any fear of animals? If yes, please explain: Yes No

Sports & Games (including target range):

What sports has the camper participated in previously?

Does the camper participate well in group activities? If no, please explain: Yes No

Arts & Crafts:

What types of crafts or art (drawing, painting, making beaded necklaces, etc.) does the camper enjoy?

Are there any behaviors or limitation that would prevent the camper from participating in arts & crafts? Yes No
If yes, please explain:

Please list any additional likes or dislikes pertaining to the recreation of the camper:

Section VI: Medical Data (this section does NOT need to be completed by physician)

This section MUST be completed each year even if the camper attended previous summers.

General Health: Does camper have any of the following:

- Asthma Seizures Frequent Ear infections Diabetes
- Heart Problems Bleeding/Clotting disorders ADHD Circulatory problems
- Other: _____

List Any Recent Operations, Serious Injuries Or Recurring Illnesses: _____

Has Camper Been Hospitalized Within The Last 12 Months? Yes No

If Yes, Please Explain: _____

Has Camper Been Treated In An Emergency Room Within The Last 12 Months? Yes No

If Yes, Please Explain: _____

Allergies:

- Food: _____ Insects: _____
- Plants: _____ Medicines: _____
- Other _____

Seizures: Does camper have seizures/seizure disorder? Yes No

Type of seizures

- Grand Mal
- Absence (loss of consciousness)
- Myoclonic/Clonic (jerking)
- Tonic (muscle stiffness/rigidity)
- Atonic [loss of muscle tone]

Frequency of seizures: _____
 Duration of seizures: _____
 Date of last seizure: _____

Are seizures controlled with medication? Yes No

When to Notify Emergency Contact? Every Time
 Over 5 Minutes
 Other _____

Please describe what camper's seizure looks like (include behavior before, during and after event):

Medications:

List any medications and the times given on the Camper Medication Record Form included.

Are there any special techniques used or information that may be helpful to camp staff regarding administering of medications to camper? If yes, please explain: Yes No

Any change in campers medications in the last 90 Days? If Yes, Please explain: Yes No

Please Describe Any Additional Medical Concerns:

Camper's Name: _____

Physician's Name: _____ Phone # () _____

Application Completed By: _____ *Print* _____ *Signature* Date: _____

Relationship to Camper: _____ Phone #: () _____



Section V: Fees and Payment

Mark "✓" below to make your reservation						
Choose your weeks for attending Day Camp	Session Rate	MORNING CARE (7:45 –9:00AM)		AFTERNOON CARE (4:30 – 5:30PM)		
		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Session 1 – June 12-16, 2017	\$135.00	+	\$15.00	+	\$15.00	= \$
<input type="checkbox"/> Session 2 – June 19-23, 2017	\$135.00	+	\$15.00	+	\$15.00	= \$
<input type="checkbox"/> Session 3 – June 26-June 30, 2017	\$135.00	+	\$15.00	+	\$15.00	= \$
<input type="checkbox"/> Session 4 – July 3-7, 2017	\$135.00	+	\$15.00	+	\$15.00	= \$
<input type="checkbox"/> Session 5 – July 10-14, 2017	\$135.00	+	\$15.00	+	\$15.00	= \$
<input type="checkbox"/> Session 6 – July 17-21, 2017	\$135.00	+	\$15.00		\$15.00	= \$
Morning and Afternoon Care Discount= - \$5.00 per session						=
						Registration Fee = \$50.00
						Total = \$
Amount of Enclosed Payment: A minimum \$185 deposit is required to hold your space						\$

Choose your Payment Method:

- I will be paying for all selected sessions prior to June 12, 2017.
- I authorize Easter Seals Florida Inc. to charge my credit card on the Monday of each session selected.

By signing below I acknowledge:

- All camp fees are non-refundable once camper is accepted to the day camp program.
- That if camper submits an application along with payment and the camper is deemed ineligible to attend Camp by Easterseals Florida management, the deposit check, and any other funds, will be returned in full.
- That if camper fails to complete a week of day camp no refund will be given.
- That all camp fee payments will be forfeited for campers who fail to attend assigned session(s).

Signature of legal guardian

Printed name of legal guardian

Date

Signature of payer

(If different than person above)

Printed name of payer

Date

Payment Options	<input type="checkbox"/> By Check/Money Order	<input type="checkbox"/> By Credit Card:
	<p style="text-align: center;">Make checks payable to Easter Seals Florida, Inc.</p> <p>Mail to: Easterseals Florida - Camp Challenge 31600 Camp Challenge Road Sorrento, FL 32776</p>	<p style="text-align: center;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Credit Card # _____</p> <p>v-code# _____ Exp. Date _____/_____/_____</p> <p>Card Holder Name _____</p> <p>Signature _____</p>
	<input type="checkbox"/> Pay by phone: Contact the Camp Office at 352.383.4711 Monday to Thursday between 9:00 am and 3:30 pm.	



Medical and Liability Release/Insurance Information

THIS FORM **MUST** BE COMPLETED AND SIGNED BY THE LEGALLY RESPONSIBLE CAMPER OR GUARDIAN.

Easter Seals Florida - Camp Challenge carries a limited Camper’s Accident and Sickness Insurance Policy covering all campers. Details of this may be obtained by contacting the camp office. Pre-existing conditions are not covered under this policy. All medical expenses not covered under Camp Challenge’s Accident and Sickness Policy will be the responsibility of the legal guardian. The following information is required for camp records. Please complete with respect to the hospitalization and/or major medical insurance covering the camper.

Name of Insurance Carrier: _____
Policy Holder: _____
SSN#: _____

Policy Number: _____
Certificate Number: _____
Code or Group Number: _____
Medicare/Medicaid Number: _____

I hereby give permission for _____ (camper name) to receive any examinations and any medical or surgical treatment which the camp’s nurse, camp’s physician, or any other referred physician, dentist or hospital may determine to be advisable during the camper’s period of attendance at Camp Challenge.

This health history is current to the best of my knowledge and belief; and the camper herein described has permission to engage in all prescribed activities, except as noted. Reports and records may be requested from or sent to doctors and referring agencies. This form may be photocopied for use outside of Camp.

I am in receipt of the Easter Seals Florida’s Notice of Privacy Practices. _____
(Please Initial Here)

I release and completely discharge Easter Seals Florida, Inc., Camp Challenge, its officers and directors, and any persons in privity with any of them, from any and all liability, legal responsibility, claims, damages, or causes of action arising from any and all damage or injury to my person or property, including my death that may occur while on Easter Seals property or being provided services by volunteers or contractors of Easter Seals, and hereby waive all such claims or causes of action. This release, discharge and waiver is intended to apply even to affirmative acts of negligence on the part of the released parties, i.e. Easter Seals Florida, Inc. and/or its representatives, agents, employees, officers, directors, volunteers, consultants or contractors.

If I am injured, I agree not to sue Easter Seals Florida, Inc., Camp Challenge, or any officers, directors, representatives or agents thereof, or start any other type of legal action as a result of any damage or injury I may incur. In the case of my death, I hereby direct my personal representatives, heirs, executors, next-of-kin, or spouse not to sue these parties on behalf of my survivors or my estate.

Signature of Legal Guardian

Date

Witness

Date

- Please include:**
- 1. Copy of insurance card (front and back) or Medicare/ Medicaid card with this form**
 - 2. Please be sure to attach a current photograph of the attending camper to this application.**



Media & Communication Release Form

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easter Seals Florida or its respective employees and agents may be used by Easter Seals Florida, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals Florida and that these materials may be released to the general public. I assign to Easter Seals Florida all of my rights to these materials.

I understand that these materials made by Easter Seals Florida, its employees and agents are owned by Easter Seals Florida and that they may copyright them. I will allow Easter Seals Florida, their respective employees and agents, and those acting with Easter Seals Florida's permission, to use my protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easter Seals Florida and to release this information to the general public.

I understand that these materials may be published on Easter Seals Florida's network of websites & social media sites and this may disclose my personal and protected health information online.

Easter Seals Florida does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals Florida may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals Florida on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easter Seals Florida will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easter Seals Florida to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals Florida in writing by sending my revocation to the **Camp Director**. I understand and agree that once Easter Seals Florida, its respective employees and agents, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires three years from the date of my signature below.

If camper is signing - I certify that I am over the age of 18 years old.

I have read this release and authorization before signing below, and I fully understand its contents.

Yes, I would like to receive information from Easter Seals.

Camper Name (Print): _____

Signature of Camper (if competent adult) or Parent/Guardian

Printed Name of person signing on above line

Date