



Easter Seals Iowa Camp Sunnyside

-BRIDGE CAMP-

Application 2017

Bridge Camp is designated for campers who can be independent with personal cares and maintain a 1:8 staff to camper ratio at all times.

If your camper needs more support, please fill out the application for Supported Day Camp.

Ages 6-12 \$150 per week, \$50 non-refundable deposit required

Client Information		
Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Gender:
Email:	Birthdate: / /	
Guardian Name:	Relationship:	

Primary Language: English Spanish Other: _____

Ethnicity: _____

Camper Height: _____

Camper Weight: _____

Camper Age: _____

Are you new to camp Sunnyside? Yes No

Please mark all activities that are restricted:

- | | | | | | |
|--|--|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Sensory Room | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Basketball | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Fishing | <input type="checkbox"/> Dancing | <input type="checkbox"/> Archery | <input type="checkbox"/> Zip Line |
| <input type="checkbox"/> Outdoor Camping | <input type="checkbox"/> Adventure Tree Climbing | | | <input type="checkbox"/> Outdoor Cooking | |

Please explain why these activities are restricted: _____

Food Allergies: _____

Reaction: _____

Other Non-Food Allergies: _____

Reaction: _____

Epi Pen? Yes No **Please Explain:** _____

Emergency Contacts- In the event of an emergency, I give permission for Easter Seals to contact the following individuals:

Name: _____	Relationship: _____
Phone Number : _____	Phone Number: _____
Name: _____	Relationship: _____
Phone Number : _____	Phone Number: _____
Name: _____	Relationship: _____
Phone Number : _____	Phone Number: _____

Preferred Hospital: _____

Last Tetanus Booster Date: _____ *or please attach immunization history from physician.*

We must know the camper's last Tetanus Booster date in order to be registered and attend camp

By signing here, you give our healthcare staff the permission to provide routine healthcare, dispense medications, and seek emergency treatments.

Application Completed By: _____

Date: _____

Relationship: _____

Signature of Legal Guardian: _____

PHOTO CONSENT

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easter Seals may be used by Easter Seals, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals and that these materials may be released to the general public. I assign to Easter Seals all of my rights to these materials. All photographs and other media which include your image are the sole property of Easter Seals Iowa. Such photos may be used at various times unless you revoke this photo consent in writing. Any revocation is valid from the date it is received by Easter Seals Iowa and will not apply to photos that have been used prior to the revocation in any publication or other media.

I understand that these materials may be published on Easter Seals' network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easter Seals will use only the first name and the location of the Easter Seals organization where a minor receives services. Easter Seals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals 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 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 to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals in writing by sending my revocation to Easter Seals Intake/Marketing Coordinator. I understand and agree that once Easter Seals, 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.

Yes - please take and/or use my picture.

No - please do not take and/or use my picture.

I fully understand the contents of this release and authorization.

Signature of Guardian/Representative

Date Signed

Print Name

Relationship to Client



Easter Seals Iowa
-Health History Form-

Client Name: _____ Birthdate: _____

please complete all fields and return this form

In the event of an emergency, I give permission for Easter Seals Iowa to contact the following individuals:
(please list contacts in the order you would like them to be contacted)

Name: _____ **Relationship:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Regular Physician: _____
Preferred Hospital: _____
Insurance Carrier: _____

Daytime Phone: _____
Medicaid ID: _____
Policy #: _____

Please list all allergies and reactions: _____

Do you carry an Epi Pen? Yes No **If so, please bring your Epi Pen with you to your sessions**

Any recent surgery or illness? _____

Any chronic or recurring illness? _____

Any other information? _____

Does this person have a seizure disorder? Yes No Date of Last Seizure: _____

Scheduled, PRN (as needed) and Non-Prescription Medications:

Dosage:

Name of Person Completing Form: _____

Date: _____ Contact Number: _____



-Bridge Camp-

Client Name: _____

WAIVER OF LIABILITY

With the understanding that Easter Seals Iowa (hereafter known as ESI) will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following:

- The undersigned, individually or as a parent or natural guardian, in partial recognition of services rendered claims, demands, or actions, causes of action or suits of whatsoever kind or nature for damages sustained by the normal client or accruing to the undersigned in consequence of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of ESI and regardless of whether the named client is not on the premises of said ESI, and is engaged in any venture or solely on his or her own behalf.
- I give permission for the applicant to attend ESI sponsored programs and to ride in vehicles operated or leased by ESI.
- I agree to not send this applicant to an ESI program if he or she has been exposed to contagious disease within three weeks of the starting date of the program and to notify Easter Seals Camping, Recreation, and Respite services immediately if this situation arises.
- The applicant has permission to engage in all prescribed activities except those noted by an examining physician or physician assistant and me. In the case of an emergency or ill health, I hereby give permission to the physician selected by ESI to order x-rays, routine test, and treatments. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by ESI to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for the named participant.
- I understand that the participant is responsible for his/her own medical coverage and associated cost.
- This release may be revoked in writing except to the extent action has been taken in reliance upon the release.

I understand and agree to the above section.

Signature of legally responsible person (parent, guardian, or applicant):

Signature of Guardian/Representative

Date Signed

Print Name

Relationship to Client

ACKNOWLEDGEMENT OF RECEIPT OF THE EASTER SEALS IOWA INCORPORATED NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have received a copy of The Easter Seals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easter Seals and states my rights with respect to my health information. I understand Easter Seals has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easter Seals revises its information practices, a revised Notice will be posted at each Easter Seals location and that I may obtain a current Notice of Privacy Practices at any time from the Easter Seals State Office or the website at www.eastersealsia.org.

Signature of Guardian/Representative

Date Signed

Print Name

Relationship to Client



Bridge Camp -Registration 2017-

Client Name: _____

Today's Date: _____ Birthdate: _____ Age: _____

Where would you like us to send the invoice?

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

I prefer electronic billing statements Email Address for billing: _____

Method of Payment:

Check

Amount Enclosed: \$ _____
(make payable to Easter Seals Iowa)

\$50 non-refundable deposit required

Bridge Camp is for ages 6-12.

Check-in is weekdays 8-9 am.

Check-out is weekdays 4-5 pm.

Credit Card

Visa MasterCard Discover

Amount Authorized: \$ _____

Card Number: _____

Name on Card: _____

Signature: _____

Expiration Date: _____ 3 Digit Code (on back of card): _____

Would you like us to charge your card for the remaining balance the Wednesday before the session? [] Yes [] No

please mark all sessions you would like to attend

- | | | | |
|---|---|---|---|
| B1 <input type="checkbox"/> June 12-June 16
Superheroes/Fantasyland | B2 <input type="checkbox"/> June 19-June 23
Western Week | B3 <input type="checkbox"/> June 26-June 30
Rock N' Roll Daze | B4 <input type="checkbox"/> July 3-July 7
Stars and Stripes |
| B5 <input type="checkbox"/> July 10-July 14
Camp Explore | B6 <input type="checkbox"/> July 17-July 21
Movin & Groovin | B7 <input type="checkbox"/> July 24-July 28
Under the Sea | B8 <input type="checkbox"/> July 31-Aug 4
Choose your own Adventure |
| B9 <input type="checkbox"/> Aug 7-Aug 11
To the X-treme | B10 <input type="checkbox"/> Aug 14-Aug 18
Mission Impossible | B11 <input type="checkbox"/> Aug 21-Aug 25
Anything Goes | |

EXTENDED HOURS

(if you will not need to use extended hours, please ignore this section)

Extended hours run from
7:00am - 8:00am and
5:00pm - 6:00pm.

They are available for an additional fee of \$50 per week. This payment must be paid in full before the session starts.

Please check each week and at what time you will be using extended hours.

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 12-June 16			
2- June 19-June 23			
3- June 26-June 30			
4- July 3-July 7			
5- July 10-July 14			
6- July 17-July 21			
7- July 24-July 28			
8- July 31-Aug 4			
9- Aug 7-Aug 11			
10- Aug 14- Aug 18			
11- Aug 21-Aug 25			

Thank you for choosing Easter Seals Iowa Camp Sunnyside!

Once you have completed this application, please send it with the \$50 non-refundable deposit to Camp Sunnyside by one of the following methods:

Email: campanrespit@eastersealsia.org

Fax: 515-289-1281

Mail or Drop Off: Easter Seals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, Ia 50313

IMPORTANT!

- Bridge Camp is for ages 6-12. Check in is weekdays 8-9 am and check out is weekdays 4-5 pm. Bridge Camp is designated for campers who can maintain a 1:8 staff to camper ratio at all times and be independent with personal cares.
- Once a camper is fully registered, a letter will be sent to the camper's residence confirming the week(s) they are registered for.
- A non-refundable \$50 deposit is required to register a camper. Please send the deposit with the application, as the camper cannot be registered until we receive it. We do not reserve or hold spots. The \$50 deposit will be applied to the first camp session.
- Full payment is \$150 and due three weeks before the client attends his/her camp session. Failure to pay in advance may result a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to our Accounting Department at:

Easter Seals Iowa
Attn: Accounting
401 NE 66th Ave
Des Moines, IA 50014

- The full \$150 is required even if the camper will not attend the entire camp session.
- Any application turned in after July 1st, 2017 will require the camp payment to be made in full before the camper can be registered.
- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Registration Form being charged for the full camp session.
- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 p.m. closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a client

If you have any questions, please contact our Program and Support Specialist, at
515-309-2375 or campanrespit@eastersealsia.org.