

# Day Camp 2024 Signup Form

## **Camper Information**

Camper's First Name Name	
Camper's Last Name	
Camper's Date of Birth (DOB)	
Camper's Age	
School District Registered In	
Status of ODDS Services	Receives
	Qualifies but does not receive
	Does not receive
Camp Easterseals Oregon	Yes
operates with camper	No
supervision at a 3:1 camper to	Please Explain:
staff ratio. Is this an	
appropriate level of	
supervision and assistance for	
the camper?	

### **Guardian Information**

Guardian 1's Full Name	
Guardian 1's Phone Number	
Guardian 1's Email Address	
Home Address	
Guardian 1 Relation to Camper	
Guardian 2's Full Name	
Guardian 2's Phone Number	
Guardian 2's Email Address	
Home Address	
Guardian 2 Relation to Camper	

# **Camp Information**

Camp Session/Location	1)Session 1 (July 22-26; Troutdale Elementary)
	2)Session 2 (July 29-Aug 2; Oak Creek Elementary)
	3)Session 3 (Aug 5-9; Seth Lewelling Elementary School)
	4) Session 4 (Aug 12-16; Parkrose School District, <i>TBD!</i> )
	5) Session 5 (Aug 19-23; Location Coming Soon)
Theme Day Camper is Most	Arts and Crafts
Excited About	Sports and Recreation
	Nature and Exploration
	Performance and Music
	Talent Show
Favorite Activities at	
Home/At School	
Clarater	VC
Shirt Size	YS
	YM
	YL
	S
	M
	L
	XL
	XXL
	XXXL

# **Health Information**

Disability/Diagnoses	
Allergies	
Medications	
Other Health and Safety	
Concerns	
Additional Notes or	
Requirements	
Mobility Information (e.g.,	
independent, needs	
assistance, wheelchair user)	
Behavioral Concerns	
Primary Emergency Contact	
Name	
Primary Emergency Contact	
Phone Number	
Primary Emergency Contact	
Backup Phone Number	

#### **Additional Information**

### **Public Information** In consideration of participation in Easterseals Oregon/Evans Creek Retreat activities, I hereby consent to the use of any film/videotape/sound recording made of (Camper's Name), by Easterseals Oregon and irrevocably assign all rights in the same to Easterseals Oregon and those acting with its permission, for the purpose of illustration, publication, and/or broadcast in connection with the work, advertising, and promotion of Easterseals Oregon. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof. Signature of Parent, Legal Guardian, or Independent Adult Camper Date **Acknowledgement** I have read and understand this application. It is correct to the best of my knowledge, and the applicant described herein has permission to engage in all programs activities except as noted. I understand that omitting or falsifying information may compromise planning for the success of this camper and may lead to disqualifying the camper from attendance. In further consideration for acceptance, I hereby release and waive any claim, cause, or action, which may accrue against Easterseals Oregon arising from participation in any camp activity approved by any of said persons. Signature of Parent, Legal Guardian, or Independent Adult Camper Date

# HIPAA COMPLIANCE

In compliance with federal guidelines (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT), this form **MUST** be on file prior to camp attendance and will remain active for seven years.

Camper Information: Full Name:	DOB:
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#### **Notice of Privacy Practices:**

I understand Easterseals Oregon (hereafter referred to as ESO) will use and disclose health information about me. I understand that my health information may include information received by ESO in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand that ESO may use & disclose my health information in order to:

- o make decisions about and plan for my care and camp activities with camp staff
- o refer to, consult with, coordinate among, and/or manage with other health care providers involved in my care and for treatment in the event of illness or injury.
- o determine my eligibility for camp attendance and/or particular camp activities
- o perform various office and administrative functions that support ESO efforts to provide me with best possible camp opportunities appropriate to my needs.

I understand that I have the right to receive and review the written description of how ESO will handle health information about me. This written description describes the uses and disclosures of health information made and the information practices followed by the staff and office personnel of ESO and my rights regarding my health information.

I understand that this description may be revised from time to time and that I am entitled to receive a copy of any revised practices upon request to ESO.

I understand that I have the right to ask that some and/or all of my health information not be used or disclosed in the manner described in the **Notice of Privacy Practice**, and I understand that ESO is not required by law to agree to such requests.

These releases are to be signed by a parent or legal guardian if participant is under 18 years of age **OR** by the participant if 18 or older **OR** if participant is legally emancipated.

## By signing below, I agree that I have reviewed & understand the information above.

Camper/Guardian Signature Date	
Camper/Guardian Name Printed Phone	
Camper Representative Signature Date	
Camper Representative Name Printed Phone	
Authority of Representative (Relationship) Date	