



# 2019 Easterseals Oregon Registration Application

**Camper Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

## Summer Overnight Camp Sessions

Easterseals Oregon is proud to offer overnight camp sessions for children and adults living with disabilities. Each camp session offers five days and four nights at Evans Creek Retreat near Lyons, Oregon.

For more information please visit [www.or.easterseals.com/camping\\_recreation](http://www.or.easterseals.com/camping_recreation) or call 800-556-6020.

### Choose Session

- Ages 7-25      Sun. July 7 - Thurs. July 11      Supervision ratio: 2 campers per 1 staff member
- Ages 25-59+      Sun. July 14 - Thurs. July 18      Supervision ratio: 2 campers per 1 staff member

### Bunk Request

- Bunkhouse Bottom Bunk     Bunkhouse Top Bunk     Cabin Tent (with wooden floor) Bottom Bunk

### T-Shirt Size

One Camp T-Shirt is provided by Easterseals Oregon. Please indicate size needed.

- Child** -  SM    MED    LRG      **Adult** -  SM    MED    LRG    XL    XXL    XXXL

### Camp Activities

Easterseals Oregon Summer Camp is the place to be for fun and making new friends. Campers choose from a wide range of activities. Please check activities of interest:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Arts & Crafts        | <input type="checkbox"/> Drama/Skits/Puppetry | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Paddle Boating        |
| <input type="checkbox"/> Stargazing           | <input type="checkbox"/> Archery              | <input type="checkbox"/> Hiking/Walking   | <input type="checkbox"/> Dancing               |
| <input type="checkbox"/> Music/Singing        | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> Basketball       | <input type="checkbox"/> Nature Study          |
| <input type="checkbox"/> Reading              | <input type="checkbox"/> Gold Panning         | <input type="checkbox"/> Water Fight      | <input type="checkbox"/> Bowling               |
| <input type="checkbox"/> Puzzles/Games        | <input type="checkbox"/> Mini-golf            | <input type="checkbox"/> Horseshoes       | <input type="checkbox"/> Tie Dye/Leather Craft |
| <input type="checkbox"/> Campfire Cooking     | <input type="checkbox"/> Sleeping Outside     | <input type="checkbox"/> RC Cars          | <input type="checkbox"/> Animals               |
| <input type="checkbox"/> Listening to Stories | <input type="checkbox"/> Plant Care/Gardening | <input type="checkbox"/> Field Games      | <input type="checkbox"/> Painting              |
| <input type="checkbox"/> Drawing              | <input type="checkbox"/> Wheelchair Swing     | <input type="checkbox"/> Scavenger Hunt   | <input type="checkbox"/> Creating Journals     |
| <input type="checkbox"/> Writing              | <input type="checkbox"/> Swimming in River    | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Adventure Trail       |
| <input type="checkbox"/> Ping Pong            | <input type="checkbox"/> Air Hockey           | <input type="checkbox"/> Foosball         | <input type="checkbox"/> Making Friends        |

Camper's favorite indoor activity at home: \_\_\_\_\_

Camper's favorite outdoor activity: \_\_\_\_\_

Other athletic activities: \_\_\_\_\_

**Please include a picture of camper with the application.**

**This confidential application must be completed in FULL. Incomplete applications will be returned and may delay processing for available spots.**

Camper Information		
First Name:	Last Name:	
Mailing Address:		
City:	State/Zip:	County:
Birth date:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Hm. Phone:	Cell:	Email:
Group Home (if applicable):		Facility Director:
Custody Status: <input type="checkbox"/> Independent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Insurance:	Policy #:	Group #:
Medicare #	Medicaid #:	Social Sec. #:
<input type="checkbox"/> Has previously attended Easter Seals Oregon Camp at Upward Bound Date Last Attended: _____		<input type="checkbox"/> Previously attended another Camp Camp: _____ Last year attended: _____
<input type="checkbox"/> New to Upward Bound		<input type="checkbox"/> New to Easter Seals Oregon
Referral Source (if applicable): Name _____ Agency _____		

Parent(s) or Guardian Information		
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Email:
Address & City:		State/Zip:
First Name:	Last Name:	Work Phone:
Hm. Phone:	Cell:	Email:
How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
If parents are divorced, who has custody during camper's time at camp?		
Is either parent or guardian currently or formerly employed by the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact - In case of emergency, the guardian will be contacted first. Please list two different emergency contacts in case the primary contact is not immediately available. These individuals MUST know the applicant and have permission to pick up applicant at camp, if needed.		
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Work Phone:
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell:	Work Phone:

Payment Information	
How do you plan to pay for camp? <input type="checkbox"/> Self Pay <input type="checkbox"/> Brokerage <input type="checkbox"/> DD Respite Funds <input type="checkbox"/> Other Funding Source	
Describe other: _____	
If paying by any method other than Self Pay, please provide the following information to assist us in processing your payment. Please include a letter from your agency indicating approval of funding with your application.	
<b>Funding Source Contact Information</b>	
Agency Name: _____	Email: _____
Case Worker: _____	Phone: _____
	Fax: _____

<b>Diagnosis Information</b>		<b>Camper Name:</b>	
<b>Primary Diagnosis:</b>			
<b>Cognitive/Social Abilities – please check all that apply</b>		<b>Physical Disability – please check all that apply</b>	
<input type="checkbox"/> Mental Disability (check one) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe & Profound <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Attention Deficit Hyperactive Disorder		<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Head Injury Visual: <input type="checkbox"/> Blind <input type="checkbox"/> Some Sight <input type="checkbox"/> Glasses Hearing: <input type="checkbox"/> Deaf <input type="checkbox"/> Some Hearing <input type="checkbox"/> Hearing Aids Other Physical Disability: _____	
<b>Seizures:</b> <input type="checkbox"/> Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> Other _____   VNS <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____   Duration: _____   Date of last seizure: _____			

<b>Camper Mobility: I = Independent   MA = Minimal Assistance   CA = Complete Assistance</b>				
Check one for each applicable area	I	MA	CA	<b>Mobility Aids (List - walker, braces, crutches, etc.)</b> Wheelchair required for long distances? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Walking</b>				
<b>Gross motor skills</b>				<b>Wheelchair:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Power
<b>Mobility in wheelchair</b>				<b>Wheelchair transfer method:</b> <input type="checkbox"/> Stand/Pivot <input type="checkbox"/> Non-weight bearing (2 person)
<b>Wheelchair transfers</b>				Comments/suggestions:

<b>Personal Care Needs: I = Independent   MA = Minimal Assistance   CA = Complete Assistance</b>							
<b>Cabin Care</b>				<b>Meal Time</b>			
Check one for each	I	MA	CA	Check one for each	I	MA	CA
<b>Dressing</b>				<b>Appropriate portion taking</b>			
<b>Brushing teeth</b>				<b>Cutting food</b>			
<b>Washing hands/face</b>				<b>Food to mouth</b>			
<b>Showering</b>				<b>Drinking from cup</b>			
<b>Toileting</b>				<input type="checkbox"/> Pureed food <input type="checkbox"/> Chopped food <input type="checkbox"/> Thickened liquids <input type="checkbox"/> # Calories _____ <input type="checkbox"/> Low Salt <input type="checkbox"/> Low Sugar <input type="checkbox"/> Special diet (please Explain): _____ <input type="checkbox"/> Special utensils: _____ <input type="checkbox"/> Problem foods: _____ <input type="checkbox"/> Chewing disorder/missing teeth <input type="checkbox"/> Dysphasia <input type="checkbox"/> Food restrictions: _____ <input type="checkbox"/> Other mealtime needs: _____			
<b>Female menstrual needs</b>							
<b>Bladder &amp; Bowel Control</b> <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Needs Reminders <input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent at night Schedule: _____ <b>Toileting Aids Used (please bring to camp)</b> <input type="checkbox"/> Attends <input type="checkbox"/> Catheter - Type: _____ <input type="checkbox"/> Urinal <input type="checkbox"/> Other: _____ Toileting comments/suggestions: _____							
<b>Sleeping</b> <input type="checkbox"/> Awaken at night for restroom: _____ times <input type="checkbox"/> Difficulty (explain) _____ <input type="checkbox"/> Needs bedrails <input type="checkbox"/> Turned at night: _____ times Has camper slept in a group environment? <input type="checkbox"/> Yes <input type="checkbox"/> No CPAP Machine? <input type="checkbox"/> Yes <input type="checkbox"/> No Sleeping comments/suggestions: _____				<b>Allergies</b> Please list and explain all known food allergies: _____ _____ Non-food allergies: _____ _____ Describe reactions: _____ _____			

<b>Supervision</b> <b>Does camper require 1:1 total care and/or supervision?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____	<b>Communication</b> Will camper clearly communicate wants/needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> Sign Language <input type="checkbox"/> Talks <input type="checkbox"/> Gestures <input type="checkbox"/> Communication System Communication Comments/suggestions: _____ _____
<b>Medications:</b> Prescribed Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medication 1-2X daily: <input type="checkbox"/> Medications 3-4X daily: <input type="checkbox"/> Medication <4X daily: <input type="checkbox"/> Medication < 6 AM or > 10 PM: <input type="checkbox"/> Nebulizer: Special Protocols: _____	<b>Diabetic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diet Controlled: <input type="checkbox"/> Insulin Controlled: Testing Time(s) _____ Average Blood Glucose _____
<b>Fears:</b> <input type="checkbox"/> Water <input type="checkbox"/> Animals <input type="checkbox"/> Falling <input type="checkbox"/> Dark <input type="checkbox"/> Height <input type="checkbox"/> People/Crowds Other: _____ _____	<b>Tobacco Products:</b> <input type="checkbox"/> None: <input type="checkbox"/> Chews: <input type="checkbox"/> Smokes Tobacco Products: <input type="checkbox"/> Responsible for Smoking Safety <input type="checkbox"/> Describe Assistance/Monitoring: _____ _____

**Behavior: Please check any behavior patterns that apply**

Happy-Go-Lucky Helpful Wanders Cautious Withdrawn/Shy Interacts well w/others Yells/screams  
Physically aggressive, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
Self-abusive, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
Attention-seeking, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 When do these behaviors occur? Is there a common trigger for these behaviors? \_\_\_\_\_  
 \_\_\_\_\_  
 Suggest specific techniques for dealing with the camper's behavior: \_\_\_\_\_  
 \_\_\_\_\_  
 Does the camper require physical management? Yes No Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 Describe any special interests or activities: \_\_\_\_\_  
 \_\_\_\_\_  
 What would make camp a successful experience for this camper? \_\_\_\_\_  
 \_\_\_\_\_  
 Additional comments or other information to assist in camper care: \_\_\_\_\_  
 \_\_\_\_\_

In compliance with current ESO/Evans Creek Camper Enrollment Criteria, Campers who are abusive to self, others, and/or properties may not be considered appropriate for acceptance into overnight programs. Campers with a history of physically or sexually aggressive behavior or who exhibit such behaviors while in attendance may be dismissed from the program immediately. NOTE: At director's discretion, a private personal attendant may be required to accompany and manage the behavior or personal care of any camper whose needs exceed the limits of our eligibility policy.

Person completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Camper Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

<b>Camp Activities</b>	<b>Camper Name:</b> _____
<b>Please check all activities in which the camper may <u>NOT</u> participate:</b>	
<input type="checkbox"/> Swimming <input type="checkbox"/> Boating/Fishing <input type="checkbox"/> Archery <input type="checkbox"/> Horseback Riding (Additional waiver required to participate)	
<b>Other Activity Restrictions:</b> _____	
<b>Additional Comments:</b> _____	

**Public Information**

In consideration of participation in Easter Seals Oregon/Evans Creek Retreat activities, I hereby consent to the use of any film/videotape/sound recording made of \_\_\_\_\_ (Camper's Name), by Easter Seals Oregon/Evans Creek Retreat and irrevocably assign all rights in the same to Easter Seals Oregon/Evans Creek Retreat, and those acting with its permission, for the purpose of illustration, publication, and/or broadcast in connection with the work, advertising, and promotion of Easter Seals Oregon/Evans Creek Retreat. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

X \_\_\_\_\_  
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 Easter Seals Oregon/Evans Creek Retreat arising from participation in any camp activity approved by any of said persons.

X \_\_\_\_\_  
Signature of Parent, Legal Guardian, or Independent Adult Camper    Date

**Physicals and MARS**

A copy of current medication list or medication administration record will be necessary before participation. Evans Creek Retreat continues to provide programs accredited by the American Camping Association, a national organization that defines the standards for quality camp experiences. To meet accreditation standards it is necessary for Easter Seals Oregon (ESO) to have a copy of the most recent camper physical on file at camp. The new 2013 standard requires a physical within **twelve months** of the camp date. ESO does understand the financial challenges this may present for some campers. However, current health information is an essential ingredient in providing a quality camp experience. Please contact the office if for some reason this camper is not financially able to submit a physical current within the last year. The physical does not need to be on the ESO form; however, it must be signed by a licensed physician approving that the camper is health appropriate for camp attendance. It is important that the physician list any and all restrictions and health precautions and current medications and treatments to be administered at camp. In the event a camper has a chronic negative health history, the health care personnel of ESO reserves the right to request additional information from the camper health care provider, including a physical before attending camp.

Camper/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Camper/Guardian Name Printed \_\_\_\_\_  
Witness to Camper Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness to Camper Name Printed \_\_\_\_\_

# 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.

If you have any questions contact the UBC office at 503-897-2447. Email: [Upward.bound.camp@gmail.com](mailto:Upward.bound.camp@gmail.com)

Camper Information: Name \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) BD \_\_\_\_\_

## Notice of Privacy Practices:

I understand that Easter Seals Oregon/Evans Creek Retreat for Persons with Special Needs, Inc. (hereafter referred to as ESO/ECR) will use and disclose health information about me. I understand that my health information may include information received by ESO/ECR 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/ECR may use & disclose my health information in order to:

- make decisions about and plan for my care and camp activities with camp staff
- 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.
- determine my eligibility for camp attendance and/or particular camp activities
- perform various office and administrative functions that support ESO/ECR's 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/ECR 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/ECR 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/ECR.

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/ECR 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.

**Release forms and/or current likeness (photo) MUST be on file in office prior to attendance.**

**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 \_\_\_\_\_