



RFL Summer Camp 2017 at Hope College

June 19-July 20, 2017 (off week of July 4)

Monday - Thursday | 9am – 3pm

APPLICATION FORM-to be filled out by parent/guardian/applicant

Applicant's Name _____ DOB _____ Age _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell #1: _____ Cell #2 _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Address (if different from that of applicant)

School or Program presently attending or completed: _____

Applying for: Full Time \$850.00 or Part Time \$250.00/week x _____ weeks = Total \$ _____

Indicate weeks attending: Week 1: June 19-22 ___ Week 2: June 26-29 ___

Week 3: July 10-13 ___ Week 4: July 17-20 ___

T-Shirt size (please circle one): Adult S M L XL XXL

Camper Information Male: ___ Female: ___ Nickname, if any: _____

Disability: (official diagnosis)

___ Cerebral Palsy ___ Autism/ASD ___ Muscular Dystrophy ___ Down Syndrome ___ Spina Bifida

___ Multiple Sclerosis ___ Epilepsy ___ CHI (Closed head injury) ___ Other/ Explain

Associated problems	Normal	Impaired	Describe
Hearing Ability	_____	_____	_____
Visual Ability	_____	_____	_____
Memory	_____	_____	_____
Time-Concept	_____	_____	_____
Perceptual Ability	_____	_____	_____

Communications: Please describe the applicant's ability to communicate with staff and other campers

Does the camper have seizures? Yes ___ No ___ Frequency: _____ Medication: _____

Please describe the seizures/including length and severity _____



We encourage the applicant to provide input on the following questions.

1. List the activities or hobbies the applicant enjoys. _____

2. List the applicant's strengths and gifts _____

3. List what is difficult or fearful for the applicant. _____

4. List any physical limitation for summer activities (heat sensitivity, physical movement, etc.) _____

5. List any medications staff should know about and administration directions during camp. _____

6. List any behavior challenges the applicant might experience. _____

7. List special help needed for applicant's personal needs. _____

8. List any special staffing accommodations for the applicant (nurse, 1:1 aide, etc.) _____

9. Describe how the applicant communicates his or her needs. _____

10. What do you hope the RFL Summer Camp will provide for the applicant? _____



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Release Agreement

I, _____, hereby affirm that I am a camper and that I am of lawful age and legally competent to sign this Release agreement or that I am the parent or legal guardian of _____ who is a camper and that I am lawful age and legally competent to sign this Release Agreement. I give permission for me or my child to attend RFL and participate in all phases of activities, including swimming, transportation away from camp, community inclusion activities and other activities for camp. I am aware of the possible risk of injury or death to me or my child as a result of participation in the programs at RFL, and I acknowledge that by this Release Agreement neither RFL, nor its directors, instructors, agents or employees may be held liable for any injury to or death to me or my child whether or not such injury or death result from the negligence of RFL or its directors, instructors, agents or employees. Wherefore, in consideration for RFL allowing me or my child to participate in its programs, I hereby agree to personally and fully assume all risks in connection with me or my child's participation in RFL programs and I release and discharge RFL and its instructors, agents and employees from any and all claims or causes of action, whether present or future, whether known, anticipated, which may be brought by me, my child, my family, estate, heirs or assigns arising out of any occurrences in connection with my child's participation in RFL programs which may result in the injury or death of myself or my child, whether or not such an injury or death is caused by the negligence of RFL or its directors, instructors, agents or employees. Additionally, in case of any injury to me or my child, I give permission for RFL to secure medical and surgical treatment and provide routine, nonsurgical medical care for me or my child, in my absence while attending camp. I give permission for me or my child to be photographed or videotaped in camp activities and allow RFL to use these photos in the camp newsletter, slideshow, and/or general promotional usage. It should be understood that any photo utilized will be done so in a most respectful manner, and in no way shall be used to exploit an individual. I further state that I have signed this agreement voluntarily after fully informing myself of its contents.

Adult Camper or Parent/Legal Guardian

Date

Emergency Information

Unless otherwise requested, the parent/legal guardian listed below will be the first person contacted in the event of an illness or injury.

Parent/Guardian Name: _____

Place of employment: _____

Hrs. Reached: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Place of employment: _____

Hrs. Reached: _____ Email: _____

Work Phone: _____ Cell Phone: _____

If parent/legal guardian cannot be reached, whom shall we contact (in order of preference)?

1. Name/Relationship: _____ Phone# _____

2. Name/Relationship: _____ Phone # _____



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Insurance Information

Camper Name: _____

*NOTICE TO ALL PARENTS AND CAMPERS: SOAR! Dba Ready For Life does not assume responsibility for health care/medical expense benefit insurance coverage for campers. The Camp does not carry medical/accident insurance for campers. This is the responsibility of the camper and his/her family. You should make certain to assure that you are adequately covered with insurance for medical expenses/healthcare coverage. I understand the above:

Signature of parent/guardian or adult camper

Is the camper covered by Medical Insurance? Yes ____ No ____

If yes, please list the camper's health insurance carrier (examples, Blue Cross, Medicare, Priority Health)

Policy Number: _____

Contract Number: _____

Card Holders Name: _____

Please attach a current copy of the card to this form.

Additional Information:



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Permission for Release of Information

I, _____ (individual), authorize all relevant agencies, its director, designee, or records department to release information contained in my records to the individual(s) or organization(s) listed below:

Name of person(s) or organization to whom disclosure is to be made:

Ready For Life (SOAR!) and Staff

Any and all information pertinent to the understanding and background of the above mentioned service recipient including: Medical, Psychiatric, Psychological, Vocational records of evaluation and/or treatment for physical, mental and/or emotional deficits including past history, diagnosis, complications, prognosis, progress notes, medication, workshop evaluations, training reports, IQ scores, treatment plans, recommendations, summaries, current status, and evaluation and treatment records of alcohol or drug abuse, sickle cell anemia, and any information regarding communicable diseases and serious communicable diseases and infections which includes venereal diseases, tuberculosis, Hepatitis B, HIV Infection, AIDS or ARC, and any organizational, police or judiciary investigation reports, and nay person-to-person communication with past service providers.

The purpose and need for such disclosure: Proper Service Programming/Placement

This consent may be revoked at any time. It shall be valid no longer than is reasonably necessary to accomplish the purpose for which it was given. I understand that records released for the above purpose will be treated confidentially.

This consent will expire when records are received and proper service programming/placement can be determined.

Participant’s Signature: _____ Date: _____

(If minor, parent or guardian co-signature required)

Co-Signature: _____ Date: _____



ReadyForLife

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Photo Release Form

I, _____ (Individual), agree to have my picture taken and used in publications for promotion, advertising and/or presentations now and in the future regarding RFL services and programs.

Participant's Signature: _____

Date: _____

Co-Signature: _____

Date: _____