



2010 SUMMER CAMP REGISTRATION

FOR OFFICE USE ONLY

Date Rec'd: ___/___/___

Deposit: \$ _____ Ck# _____

\$Form _____ Ins. Form _____

Med. Form _____

Level 1 2 3 4

Rec'd By: _____

Campers Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Telephone (____) _____ Male: _____ Female: _____ Birth date: ____/____/____

County _____ Ethnic Background _____ (optional)

Parents or Guardians Full Name: _____

Address (if different) _____
Street
City
State
Zip

Camper has attended Indian Trails Camp before: _____ YES _____ NO

If you are new to Indian Trails Camp, how did you learn about us? _____

NOTE: Partial session enrollment is not permissible. Campers may register for as many sessions as they would like to attend. Respite are available for those campers attending two consecutive sessions where the Respite falls in the middle of a camper's stay.

Please follow the enclosed checklist of forms to submit. Final acceptance & scholarships awarded will be sent once all paperwork has been submitted.

No person shall be excluded from services because of race, religion, sexual preference disability or national origin.

Please include a recent photo of the camper so our staff may familiarize themselves with the camper.

<u>SESSION</u>	<u>AGE GROUP</u>	<u>DATES</u>	<u># OF DAYS</u>
_____ #1 Adult	18 & up	June 13 - June 19	Six
_____ #2 Creative Camp	7 & up	June 27 - July 3	Six
_____ <i>Respite 1</i>	7 & up	<i>July 3 - July 4</i>	<i>One</i>
_____ #3 Outdoor Adventure	7 & up	July 4 - July 10	Six
_____ <i>Respite 2</i>	18 & up	July 10 - July 11	One
_____ #4 Adult	18 & up	July 11 - July 17	Six
_____ #5 Traditional	7 & up	July 25 - July 31	Six
_____ <i>Respite 3</i>	7 & up	<i>July 31 - Aug 1</i>	<i>One</i>
_____ #6 4-Day Camp	7 & up	Aug 1 - Aug 5	Four

Camp's Location
 O-1859 Lake Michigan Drive
 Grand Rapids, MI 49534

Mailing Address
 P.O. Box 97
 Grandville, MI 49468-0097

Tel: 616.677.5251
 Fax: 616.677.2955



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 of lawful age and legally competent to sign this Release Agreement.

I give permission for me or my minor child to attend Indian Trails Camp and participate in all phases of the activities, including swimming, boating, trips away from camp, and camping overnight at the platform tent area.

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 Indian Trails Camp and I acknowledge that by this Release Agreement neither Indian Trails Camp, nor its directors, instructors, agents, or employees, may be held liable for any injury to, or death of, me or my minor child, whether or not such injury or death result from the negligence of Indian Trails Camp or its directors, instructors, agents, or employees.

WHEREFORE, in consideration for Indian Trails Camp allowing me or my minor child to participate in its programs, I hereby agree to personally and fully assume all risks in connection with my or my minor child's participation in Indian Trails Camp programs and I release and discharge Indian Trails camp 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 minor child, my family, estate, heirs, or assigns arising out of any occurrences in connection with my self or my child's participation in Indian Trails Camp program which may result in the injury or death of myself or my minor child, whether or not such an injury or death is caused by the negligence of Indian Trails Camp or its directors, instructors, agents, or employees.

Additionally, in case of any injury to me or my child, I give permission for Indian Trails Camp to secure medical and surgical treatment and provide routine, nonsurgical medical care for me or for my minor 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 Indian Trails Camp to use these pictures in the camp calendar, the camp slideshow, and for general promotional usage. It should be understood that any print 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.

_____/_____/_____
Date

X _____
Self/Adult Camper or Parent/Guardian

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.

RESIDENCE

*Parent/Guardian's Name _____
Father

Mother

* Home Phone Number: _____

*Please designate if above persons have separate phone numbers

Cell Phone Number

Pager Number

EMPLOYMENT:

Mother's Work: _____

Hours Reached: _____

Work Phone Number: (_____) _____

Father's Work: _____

Hours Reached: _____

Work Phone Number: (_____) _____

IF PARENT OR GUARDIAN CANNOT BE REACHED, WHOM SHALL WE CONTACT, IN ORDER OF PREFERENCE?

1 _____
Name Relation to Camper

(_____) _____
Area Phone #

2 _____
Name Relation to Camper

(_____) _____
Area Phone #

*While camper is at Indian Trails Camp, parents will be: _____ At Home _____ On Vacation

Can be reached at: _____ (_____) _____
Name/Location Area Phone #

Who will be picking camper up on outgoing day: _____

ACTIVITIES OF DAILY LIVING

EATING

- ___ Independent
- ___ Needs only food cut and plate set
- ___ Must be fed

AMBULATION

- ___ Walks
 - ___ Independent
 - ___ Needs assistance*
*Describe _____
- ___ Manual Wheelchair
 - ___ Independent
 - ___ Assistance on inclines and rough areas
 - ___ Total assistance
- ___ Power Chair
 - ___ Independent
 - ___ Needs assistance*
*Describe _____

DRESSING & UNDRRESSING

- ___ Independent
- ___ Need assistance with fine motor skills (buttons, zippers etc.)
- ___ Limited assistance with clothing
- ___ Total assistance

BATHROOMING

- ___ Independent
- ___ Limited assistance
- ___ Total assistance

PERSONAL CARE INFORMATION

- Check any which camper will need assistance with
- ___ Showering
 - ___ Shaving
 - ___ Teeth-Brushing
 - ___ Personal care menstrual cycle

TRANSFERS

- Approximate Weight _____
- ___ Independent
 - ___ Can bear weight for pivoting
 - ___ Must be lifted

Precautions that should be taken if any:

URINARY NEEDS (check all that apply)

- ___ Independent
 - ___ Needs transfer/pivot to toilet
 - ___ Assistance with clothing
 - ___ Must be wiped
-
- ___ Urinary Appliance
 - ___ Urinal
 - ___ Intermittent catheter
 - ___ Indwelling catheter
 - ___ Urostomy
 - ___ Diapered (if checked please describe)
 - ___ Night only
 - ___ Day Only
 - ___ 24/7
 - ___ Other _____
- ___ Prone to bladder infections ___ Frequent urinary accidents

BOWEL NEEDS

- ___ Independent
 - ___ Needs assistance with transfer and clothing onto toilet
 - ___ Must be wiped
-
- ___ Camper knows when they have to go
 - ___ Campers does NOT know when they have to go
-
- ___ Special dietary considerations (describe) _____
 - _____
 - ___ Special bowel treatment/program (describe) _____
 - _____

How often does camper have bowel movements: _____

BEHAVIOR DIFFICULTIES

Does camper have any behavior problems? _____
If yes, please describe _____

How might we deal with these behavior problems _____

ADJUSTMENT TO CAMP

- ___ Has attended Indian Trails Camp before
 - ___ If new to Indian Trails Camp, has the camper been to another camp in the past
 - ___ Camper adjusted well
 - ___ Camper experienced some homesickness
 - ___ Camper has never been away from home
- Best way to handle adjustment problems _____

Any known fears _____

What are you most concerned about? (either from the campers' or parents' standpoint) _____

If a new camper, how did you hear about Indian Trails Camp?

CABIN-MATE REQUESTS

Please list any require you have for cabin mates at camp. Please list them in the order or your preference. We will **NOT** be able to honor all requests due to the many factors that are included in determining cabin groupings. We will try our best!

- 1) _____
- 2) _____
- 3) _____
- 4) _____

2010

INDIAN TRAILS CAMP

SUMMER CAMP FINANCIAL FORM

CAMPER NAME: _____ AGE _____ COUNTY: _____

SESSIONS (select sessions to attend)	_____ #1	_____ #2	_____ R 1	_____ #3	_____ R 2
	_____ #4	_____ #5	_____ R 3	_____ #6	

___ LEVEL 1 - MINIMUM DEPENDENCE, 0 - 5 points \$127 1-day, \$762 6-day, \$508 4-day

___ LEVEL 2 - MODERATE DEPENDENCE, 6 - 9 points \$186 1-day, \$1,116 6-day, \$744 4-day

___ LEVEL 3 - COMPLETE DEPENDENCE, over 10 points \$256 1-day, \$1,536 6-day, \$1,024 4-day

Please complete the attached Level determination form and submit with application.

If at any time after receipt of this form and camper application, the Camp Director and or Health Director find the camper to be at a different level than indicated, ITC reserves the right to make the appropriate change. In the event of a change, the camper and or family will be notified.

TOTAL DUE \$ _____ = _____ 6-day @ \$ _____ + _____ 1-day respite @ \$ _____ + \$ _____ 4-day

- DEPOSIT \$ _____ Chk # _____ or _____ Credit Card (complete part B)

- DISCOUNT \$ _____ (5% if paid in full by 2/28/2010)

BALANCE DUE \$ _____

A) PARENT, GUARDIAN OR SELF WILL PAY BALANCE. INCOMING DAY OR \$ _____ EVERY _____

B) CREDIT CARD PAYMENT _____ VISA _____ MASTERCARD SECURITY CODE _____ EXP _____/_____

CARD NUMBER _____ - _____ - _____ - _____ ZIP CODE _____

NAME AS IT APPEARS ON CARD _____ Ph # _____ - _____ - _____

C) Bill Organization: _____
Name address Ph #

Attention _____ Amount to be paid: \$ _____, _____ Before _____ After Session

D) Scholarship Requested in the amount of \$ _____ for the following reasons: (check all that apply)

Financial Considerations: _____ Low family income _____ Live independently _____ Unemployed

Special Circumstances: _____ Hospitalization/major medical _____ Change in Level of care

Unexpected Hardship: _____

Scholarship funds are allocated on availability & need. Amount requested may not be amount allocated. You will be notified of scholarship granted with your final acceptance.

X _____
Signature of parent, guardian or camper

_____/_____/_____
Date

Level Determination

Indian Trails Camp is going to a point system to determine the level of care a camper needs. This system should provide us with more comprehensive information that will allow us to provide the best care possible for each camper. Please mark all that apply and total the points to determine what level the camper should be registered at. Scholarship funds may be available to help offset any increases in camper fees as a result of a change in level. Please see the green financial form, section D, to apply for a scholarship.

Medication

- Takes Medication 1 time daily **(1-Point)**
- Takes medication 2-3 times daily **(2-Points)**
- Takes Medication more then 3 times daily. **(3-Points)**

Eating

- Requires some assistance with cutting food or needs verbal **(1-Point)** prompting to guide through tasks.
- Requires some physical assistance with accessing food at meals. **(2-Points)**
- Requires specialized diet/nutrition (ex. Puree food) **(2-Points)**
- Requires total assistance with eating (not feeding tube-see medical) **(3-Points)**

ADL's (Bathing, Grooming, Dressing)

- Camper requires verbal prompting to ensure completion of all hygiene needs **(1-Point)**
- Camper requires some physical assistance with hygiene needs **(2-Points)**
- Camper requires full-assistance in caring for hygiene needs **(3-Points)**

Toileting

- Camper requires verbal prompting **(1-Point)**
- Camper requires some physical assistance **(2-Points)**
- Camper requires full-staff assistance **(3-Points)**

Medical (Please mark all that apply)

- Camper requires respiratory treatments**(2-Points)**
- Camper requires routine catherization by nursing staff-**(3-Points)**
- Camper requires colostomy care-**(3-Points)**
- Camper requires a feeding tube-**(3-Points)**

Non-Medical

- Camper requires 1 on 1 staffing **(10-Points)** Please Explain_____

Level 1	Level 2	Level 3
0-5 points	6-9 points	10 or more points



Indian Trails Camp SUMMER 2010 INSURANCE INFORMATION

*Please Return This Form WITH Your Camper Application!

Camper's Name: _____

SESSIONS (please circle all that apply)	1	2	R1	3	R2	4	5	R3	6
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***NOTICE TO ALL PARENTS AND CAMPERS:** *Indian Trails Camp, Inc. 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/health care coverage.*

I understand the above. X _____
Signature/parent or adult camper

Signature/guardian, if applicable

Is the camper covered by health care/medical expense benefit/accident insurance?

___ YES ___ NO

If yes, please list the camper's Health Care Carrier (examples: Blue Cross, Medicare, PPOM, etc.) _____

Policy Number: _____

Contract Number: _____

Card Holders Name: _____

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

Additional information: _____



2010 CAMPER PHYSICAL FORM

This form **MUST** be completed by a licensed physician on or after February 1, 2009.
This form **MUST** be completed in its entirety. We **CANNOT** accept applications for campers with incomplete medical information.

Camper Name: _____ D.O.B. ___/___/___ Sex: _____

1. Applicant must be diagnosed with a physical disability, Downs Syndrome, or Autism.
2. Applicant must be capable of social interaction and participation in camp activities.
3. Applicant must be able to communicate needs through at least a yes or no response (i.e.: eye blinks, headshake, or use of communication board.)

Primary Diagnosis/disability: _____ Secondary Diagnosis: _____

Medical History

- Asthma/Respiratory problems
- Apnea
- Diabetes type: _____
- Kidney Disorder
- Heart Defect

- Does the camper frequently suffer from any of the following (circle all that apply): Headaches, Sore throat, Ear infections.
- Other _____

Immunizations (check those that have been issued)

- Diphtheria
- Measles
- Pertusis
- Polio
- Rubella

- Small Pox
- Date of last Tetanus: ___/___/___ Must be within 10 years.
- Date of last TB test: ___/___/___ Result: Pos. Neg. if positive, date of X-ray ___/___/___ (must be tested yearly - attach copy of TB card)

Does applicant have known communicable diseases?

- Measles
- Hepatitis: A B or C _____
- Chicken Pox

- HIV positive
- Other: _____

Allergies and Reaction: _____

Seizures please indicate type, length and frequency: _____

Current Health: Age: _____ Weight: _____ BP: _____ HR: _____ RR: _____ Temperature: _____ Pulse Ox: _____
Overall health condition: _____

Other information for camps health care staff, including treatments to be continued at Camp, activity restrictions, medically prescribed meal plan or dietary restriction while at camp. _____

I have treated this applicant for: _____ years _____ months and am familiar with the campers disabilities. In my opinion, the applicant is physically and emotionally able to participate in an adaptive camp program. The information provided on this form represents my authorization for distribution of medications as well as treatment/care.

X _____ (_____) _____
Physician's Signature Date Physician's Office Name Phone Number

Please notify Indian Trails Camp of any last minute changes to camper health. Thank you!



SUMMER CAMP CHECK LIST

DATE SENT	FORM	COLOR	NEED BY
_____	Save the Date	Yellow/Gray	ASAP *1
_____	4-Page Application	White	2 weeks prior to camp session
_____	Finanacial Form	Green	2 weeks prior to camp session
_____	Level Determination	Lilac	2 weeks prior to camp session
_____	Physical Form	Pink	2 weeks prior to camp session
_____	Insurance Card	Blue	2 weeks prior to camp session

DROP OFF TIMES FOR SUMMER SESSIONS ARE 3:00PM - 5:00PM

PICK UP TIMES FOR SUMMER SESSIONS ARE 10:00 AM -11:00 AM

- *1 Some sessions fill up fast. Please send the **Save the Date form** with your **deposit** asap to reserve your spot. If an agency or insurance company pays in full for your session you do not need to send a deposit.

NOTE: Please send all forms as soon as they are completed. Final Acceptance notices will be sent once all completed paperwork is received.

The cut off date to enroll is 2 weeks prior to the start of the camp session. To ensure proper staffing, no exceptions will be made to this deadline.