

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 minor child to attend ITC and participate in all phases of the activities, including swimming, boating, trips away from ITC, 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 ITC, and I acknowledge that by this Release Agreement neither ITC, 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 ITC or its directors, instructors, agents or employees. Wherefore, in consideration for ITC 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 ITC programs, and I release and discharge ITC 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 child's participation in ITC programs 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 ITC or its directors, instructors, agents or employees. Additionally, in case of any injury to me or my child, I give permission for ITC 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 ITC to use these photos in the camp calendar, the camp slideshow, and/or 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*

_____ *Adult Camper or Parent/Legal 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.

Parent/Guardian Name: _____

Place of employment: _____

Hrs reached: _____ Email: _____

Work phone: _____ Other Phone#: _____

Parent/Guardian Name: _____

Place of employment: _____

Hrs reached: _____ Email: _____

Work phone: _____ Other Phone#: _____

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

1) _____ (_____) _____
Name Relation to Camper Phone #

2) _____ (_____) _____
Name Relation to Camper Phone #

While camper is at ITC, parents will be: At home ____ On vacation ____

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

Who will be picking camper up on outgoing day: _____
Name: Relation to Camper

CAMPER NAME: _____ BIRTHDATE: ___/___/___ SESSION(S) _____ LEVEL: 1 2 3
 MALE: _____ FEMALE: _____ NICKNAME, IF ANY: _____

DISABILITY

<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism/ASD	<input type="checkbox"/> N/A
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> CHI(Closed head injury)
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Other (please explain)	Date of injury ___/___/___
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Congenital Anomalies/Birth Defects	Cause of injury _____
<input type="checkbox"/> Rheumatoid Arthritis	Explain in detail _____	_____
<input type="checkbox"/> Epilepsy	_____	_____
<input type="checkbox"/> Arthrogyrosis	_____	Extent of injury _____
<input type="checkbox"/> Osteogenesis Imperf.	_____	_____

ASSOCIATED PROBLEMS	Normal	Impaired	Description
Hearing Ability	_____	_____	_____
Visual Ability	_____	_____	_____
Memory	_____	_____	_____
Time-Concept	_____	_____	_____
Perceptual Ability	_____	_____	_____

COMMUNICATIONS

No communication difficulties
 Verbalizes, may be difficult to understand
 Non-verbal, Yes/No Responses Only
 Explain _____

Explain communication board or system _____

Additional information that would be helpful _____

Is camper allergic to service dogs?

SKIN CARE

Is camper prone to skin breakdown? Yes ___ No ___
 If yes please describe location and normal precautions _____

GENERAL HEALTH INFORMATION

Does camper have seizures? Yes ___ No ___
 Frequency _____
 Please describe the seizures/including length and severity _____

Common signs/conditions of seizure _____

Does the camper have allergies? Yes ___ No ___
 If yes please explain agent and reaction in detail _____

Yes ___ No ___
 Recent surgery not noted on physical form _____

Recent injury that we should be aware if not noted on physical form _____

SPECIAL EQUIPMENT THAT CAMPER WILL BE BRINGING TO CAMP

AMBULATION

Crutches
 Cane
 Walker
 Wheelchair
 Elec. Wheelchair
 Amigo
 Other: _____

BRACING

Short Leg
 Long Leg
 AFO
 Body Jacket
 Hand Splint
 Other: _____

EATING

Special Cup
 Straw
 Special dish
 Special Utensils
 Plate Guard
 Other: _____

OTHER

Hoyer Lift
 Toilet Commode
 Communication Board
 Helmet
 Special Shower Chair
 Shunt
 Pace Maker
 Other: _____

FOR THOSE CAMPERS DIAGNOSED WITH AUTISM AND OTHER RELATED DISORDERS

Please provide us with a profile on the camper that will help in transition into camp. Information should be provided to help us handle inappropriate and problem behaviors if they arise. Also any tools used at home or school that would be helpful and please provide explanation. Any materials that will help provide the best experience for his/her stay at camp please note:

ACTIVITIES OF DAILY LIVING

EATING

- Independent
- Needs only food cut & 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 camper's or parents standpoint) _____

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

CABIN-MATE REQUESTS

Please list any requests you have for cabin mates at camp. Please list them in the order to 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) _____

**INDIAN TRAILS CAMP
2012 SUMMER CAMP FINANCIAL FORM**

Camper Name: _____ Age: _____ County: _____

Sessions (select sessions to attend) __#1 __R1 __#2 __#3 __R2 __#4 __R3 __#5 __#6 __R4 __#7

__ LEVEL 1 Minimal Dependence: 0 - 5 points \$127 (1-day) \$762 (6-day)
 __ LEVEL 2 Moderate Dependence: 6 – 9 points \$186 (1-day) \$1,116 (6-day)
 __ LEVEL 3 Complete Dependence: 10+ points \$256 (1-day) \$1,536 (6-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 @ \$** _____

- DEPOSIT \$ _____ (minimum \$100) Chk # _____ or _____ Credit Card (complete part B)

- DISCOUNT \$ _____ (5% if paid in full by 2/29/2012)

BALANCE DUE \$ _____

*Note: If an agency/insurance is being billed, a deposit is not required.

A) PARENT/GUARDIAN OR SELF WILL PAY BALANCE INCOMMING DAY OR \$ _____ **EVERY** _____

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

Card Number _____ - _____ - _____ Zip Code _____

Name as it appears on card _____ Ph # _(_____) _____

Card billing address _____

C) Bill Organization: _____

Name

Address

Phone#

Attn: _____ Amt to be paid: _____ Bef session: ____ Aft session: ____

D) Scholarship requested in the amt 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 Determination__

Unexpected Hardship _____

Scholarship funds are allocated on availability & need. Amount requested may not be amount allocated. In order to be considered for a scholarship, you must complete the new Scholarship Request Form (page 6). You will be notified of scholarship granted with your final acceptance.

X _____ / ____ / ____
 Signature of parent/guardian or camper Date



Indian Trails Camp Scholarship Request Form

Questions for Camper:

Why do you like coming to Indian Trails Camp?

Why is Indian Trails Camp so important in your life?

Questions for Guardian:

Why is Indian Trails Camp so important in your life?

Any other comments you would like to share?

Level Determination

Indian Trails Camp uses 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 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 than 3 times daily (3-Points)

Eating

- Requires some assistance with cutting food or needs verbal prompting to guide through tasks (1-Point)
- 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. Please explain (10-Points) _____

Level 1
0-5 points

Level 2
6-9 points

Level 3
10 or more points



2012 Summer Camp Insurance Form

Return This Form WITH Your Camper Application

Camper Name: _____

Sessions (select sessions to attend) #1 R1 #2 #3 R2 #4 R3 #5 #6 R4 #7

***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: _____
Signature parent/guardian or adult camper

Is the camper covered by medical 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: _____



2012 Summer Camp Camper Physical Form

This form MUST be completed by a licensed physician on or after 2/1/2012. 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, developmental disability, mental illness, 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 (e.g. eye blinks, headshake, or use of communication board, etc).

Primary Diagnosis/disability: _____

Secondary Diagnosis: _____

Medical History

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

Does the camper frequently suffer from any of the following (check all applicable)?

Headaches Sore Throat Ear Infections

Immunizations (check all that has been issued):

Diphtheria Measles Small Pox
 Pertusis Polio Rubella

Date of last Tetanus ___/___/___ (must be within 10 years)

Date of last TB test ___/___/___ (must be within last 3 years-attach copy of TB card)

Result: Positive Negative

If positive, date of X-ray ___/___/___

Does camper have known communicable diseases?

Measles Hepatitis: A B C (circle one) HIV positive
 Chicken Pox Other: _____

Allergies and Reaction: _____

Seizures –indicate type, length and frequency: _____

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

Other information for 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 camper's 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.

Physician's Signature _____ Date _____ Physician's Office Name & Phone # _____

SUMMER CAMP CHECK LIST

DATE SENT	FORM	NEED BY
_____	4-Page Application	ASAP *Note: ITC will continue accepting applications up to two weeks prior to session or unless cap has been reached – whatever occurs first.
_____	Financial Form	ASAP *Note: Send with application
_____	Level of Determination	ASAP *Note: Send with application
_____	Physical Form	2 weeks prior to camp session
_____	Insurance Card	ASAP *Note: Send with application

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

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

Some sessions fill up fast. Please send your application, financial form, level of determination and copy of insurance card with your deposit as soon as possible 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/confirmation notices will be sent once all completed paperwork is received. We would advise you to mail us the completed the application, financial form, level of determination, and copy of insurance card even if you do not have the physical form completed so that your spot is reserved. Then mail in the physical form upon completion but no later than 2 weeks prior to camp session.

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.

Mail applications to:

**Indian Trails Camp
O-1859 Lake Michigan Dr NW
Grand Rapids, MI 49534**

**Or Fax to:
1(616) 677-2955**