

April 5, 2018

Dear Parent or Guardian:

Enclosed you will find our new updated Camp All Stars registration packet for summer 2018. In order to ensure a successful summer camp some changes have been made so please take the time to read the packet in its entirety. Due to our summer camp programs' ever-growing popularity, space will be limited to the first 30 participants. **Therefore, in order to ensure your spot, your completed registration packet and check must be received no later than May 1<sup>st</sup>.** Limited scholarships are available, please contact us if you would like to apply for one; this form is also due no later than May 1<sup>st</sup> so that in turn, we can inform you of your status by May 15<sup>th</sup>. Scholarship recipients will be required to volunteer a total of 4 hours at SNR or an SNR related event.

Our daily fee and payment policy have not changed from last year, however, we had to increase some of our activity fees to cover the increase in fees charged to us from the vendors. Those activities will be listed in the May calendar. Payments will be due, no exceptions, between the 1<sup>st</sup> and the 5<sup>th</sup> and the 15<sup>th</sup> and the 20<sup>th</sup> of each month for the upcoming two weeks. Below we have provided a calendar of when payment will be due, using as an example, a participant attending the full five days a week:

June 18<sup>th</sup> – June 29<sup>th</sup> (10 days at \$15.00 = \$150.00) payment due by Thursday June 20<sup>th</sup>

July 2<sup>nd</sup> – July 13<sup>th</sup> (9 days at \$15.00 = \$135.00) payment due by Thursday July 5<sup>th</sup> (\*no camp July 4th)

July 16<sup>th</sup> – July 31<sup>st</sup> (12 days at \$15.00 = \$180.00) payment due by Friday July 20<sup>th</sup>

August 1<sup>st</sup> – August 15<sup>th</sup> (11 days at \$15.00 = \$165.00) payment due Monday Aug 6<sup>th</sup>

August 16<sup>th</sup> – August 24<sup>th</sup> (7 days at \$15.00 = \$105.00) payment due Monday Aug 20<sup>th</sup>.

Should you have any questions please feel free to contact Jen Fullerton our Administrative Director at (208)664-7735 or (208)755-6781 or email her at [admin@snridaho.org](mailto:admin@snridaho.org). Thank you and hope to see you this summer.

Sincerely,  
Specialized Needs Recreation Board of Directors

Registration Fee:	\$35.00
Additional Family Member \$15 ea.	\$
Credit / Unpaid Balance:	\$
T-Shirts \$7 ea.	\$
<b>TOTAL</b>	\$





# Camp Registration Form

**Will your participant require one on one care? (this is not provided by SNR)** YES  NO

**One on One care is defined by SNR as meeting one or more of the following criteria:**

1. The participant exhibits behavior problems such as aggression, explosive outbursts, run away.
2. The participant cannot follow simple directions.
3. The participant is not toilet trained.
4. The participant will not remain in a group setting, wanders.
5. The participant cannot perform basic care; walk w/o assistance, feed themselves, keep track of personal items.

Allergies: Please list all whether animal, food, drug or insect and if Epi pen is required

Medications: Please list all and provide any that need to be administered during SNR participation.

Behavior Issues: Please list any and all that can hinder the safety of the participant or others.

Please tell us about your participants; Their likes and dislikes or triggers and calming techniques?

Is there any social or leisure skill you would like us to work on with your participant?



# Camp Registration Form

## PAYMENTS AND PENALTIES

SNR is a non-profit 501(c)(3) that was created to develop, support and enhance programs of recreation, leisure and enrichment for children with special needs. We fund this program with grants and donations, both public and private, and yet that still does not cover 100% of our operating costs. Every effort is made to keep the cost of this program minimal for our participants and their families. The following is our payment policy:

\_\_\_\_\_ (Initial here) There is a NON-REFUNDABLE registration fee of \$35.00 due with your registration packet to hold your spot. Families with additional children pay \$15 for each additional child after the 1st. If payment does not accompany your registration form your camper(s) spot(s) will not be held.

\_\_\_\_\_ (Initial here) You will be required at the time of registration to notify the staff of what days each week you intend to bring your participant. You will be billed for those days each week regardless of whether they attend as that space was held and dedicated for your participant. If you are planning a vacation TWO WEEKS ADVANCE NOTICE IS REQUIRED. One week of vacation is allowed per summer and you will not be subject to payment for that week.

\_\_\_\_\_ (Initial here) Camp costs \$15.00/day for the hours of 9:00 to 3:00. 1st bill is due between 1st and 5th, 2nd bill is due between 15th and 20th. If your bill is past due your child will not be allowed to attend camp. IF YOU ARE A NO SHOW YOUR FEE IS NOT REFUNDABLE OR TRANSFERABLE.

\_\_\_\_\_ (Initial here) There is a late pick up fee of **\$5.00 every 15 min you are late**, starting with the 5 minutes. Again, if this fee is not paid your child will not be allowed to attend camp the next day.

\_\_\_\_\_ (Initial here) Payment for T-shirts is required with your registration fee, each shirt is \$7.00. Shirts are required to be worn everyday and they are different each year so new shirts will need to be purchased each year.

## SPECIALIZED NEEDS RECREATION REGISTRATION FORM AGREEMENT STATEMENT

I am aware that participation in recreational activities may have hazards both obvious and latent which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the events take place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages, I (and/or my minor child's) may incur as a result of my (and/or my minor child's) participation. I also understand that Specialized Needs Recreation has no medical insurance to cover medical expenses and all medical costs are my responsibility.

I hereby release, discharge and hold harmless Specialized Needs Recreation, all staff, directors, administrators, and volunteers in any/all programs sponsored by Specialized Needs Recreation. I also release, discharge and hold harmless, any person transporting me (or my child) before, during and/or after such activities.

If during my (or my minor child's) participation in Specialized Needs Recreation activities I (and/or my minor child's) should need emergency medical treatment and I (and/or my minor child's) am (are/is) not able to give my consent or make my own arrangement for that treatment, I authorize Specialized Needs Recreation to take whatever measures are necessary to protect my (and/or my minor child's) health and wellbeing, including if necessary, hospitalization.



# Camp Registration Form

I also give permission for pictures and/or videos of my child and/or I to be used by Specialized Needs Recreation and any other group they approve for public relations purposes.

I have read this "Release of Waiver and Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

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SIGNATURE OF PARTICIPANT

DATE

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SIGNATURE OF PARENT/GUARDIAN

DATE



# Camp Registration Form

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Days Attending: \_\_\_\_\_ MON  TUES  WEDS  THURS  FRI

How many days will your child be attending total for the summer? \_\_\_\_\_

**T-Shirt Size: T-shirts are required to be worn every day at Camp. It makes it easier for the staff to identify our Camp kids out in the community. New colors every year, last years will not work.**

T-Shirts are \$7.00 each.

How many YOUTH sized T-shirts? \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE

How many ADULT sized T-shirts? \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE

Will your child be coming with a care provider such as Northstar or Syringa?  YES  NO

If Yes, Name of Care Provider: \_\_\_\_\_

***If caregiver comes they will need to pay for their activities, we will give a list and dates they will need to bring money. Also, all care providers are required to provide transportation to and from all outside activities.***

Who is ALLOWED to pick up your child? (If they are not on the list, they will not be allowed to pick up your child)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Going on Vacation? Dates: \_\_\_\_\_

Will your child need transportation from Yokes in Post Falls?  YES  NO

If yes, what days will your child need transportation?  M  T  W  Th  F

Do you need a Scholarship? If so, please ask for the Scholarship Form or go to:

<http://snridaho.org/forms/scholarship-application> (You will need a copy of your tax return)

**PLEASE NOTE SCHOLARSHIPS ARE ON A FIRST COME FIRST SERVE BASIS. THE CRITERIA TO QUALIFY IS LISTED ON THE WEBSITE. AVAILABILITY OF SCHOLARSHIPS IS BASED ON AVAILABLE FUNDING.**