



Camp Registration Form

PARENT OR GUARDIAN NAME: _____

Last

First

Middle Initial

ADDRESS: _____

Street/PO Box

City

State, Zip

Phone

Email

DOB

CAMPER'S NAME: _____

Phone: _____

CARE PROVIDER: _____

Phone: _____

EMERGENCY CONTACT: _____

Phone: _____

Check One

<input type="checkbox"/>	Group Home (Name)		In own home/apt	<input type="checkbox"/>	Private home w/parent	<input type="checkbox"/>
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Check all that apply and provide details if necessary (i.e.: easily fatigued, wanders, feeding or toileting assistance, etc.)

<input type="checkbox"/>	ADD/ADHD	
<input type="checkbox"/>	Amputee/Adapt Equip	
<input type="checkbox"/>	Autism	
<input type="checkbox"/>	Blind	
<input type="checkbox"/>	Brain Injury	
<input type="checkbox"/>	Cerebral Palsy	
<input type="checkbox"/>	Deaf	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Down Syndrome	
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Heart Problems	
<input type="checkbox"/>	Learning Disability	
<input type="checkbox"/>	Multiple Sclerosis	
<input type="checkbox"/>	*One on One Required	
<input type="checkbox"/>	Non-Verbal	
<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	Wheelchair Restricted	



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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?



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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 at minimal for our participants and their families. The following is our payment policy:

_____ (Initial here) All forms and registration fees (\$25, which includes 1 t-shirt) are due by 5/17/19.

_____ (Initial here) Camp cost is \$25.00/day and includes all daily activity fees.

_____ (Initial here) Camp shall be paid in advance by drop-off Monday of current week.

_____ (Initial here) Camp hours are 9am – 3pm, Monday thru Thursday.

_____ (Initial here) Drop-off is to be no earlier than 8:45am and pickup is to be no later than 3:15pm.

_____ (Initial here) There is a late pick-up fee of **\$5.00 for every 10 min you are late**, starting at 3:15.

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 1:	6/17	<input type="checkbox"/>	6/18	<input type="checkbox"/>	6/19	<input type="checkbox"/>	6/20	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 2:	6/24	<input type="checkbox"/>	6/25	<input type="checkbox"/>	6/26	<input type="checkbox"/>	6/27	<input type="checkbox"/>

NO CAMP JULY 1ST – 4TH

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 4:	7/8	<input type="checkbox"/>	7/9	<input type="checkbox"/>	7/10	<input type="checkbox"/>	7/11	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 5:	7/15	<input type="checkbox"/>	7/16	<input type="checkbox"/>	7/17	<input type="checkbox"/>	7/18	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 6:	7/22	<input type="checkbox"/>	7/23	<input type="checkbox"/>	7/24	<input type="checkbox"/>	7/25	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 7:	7/29	<input type="checkbox"/>	7/30	<input type="checkbox"/>	7/31	<input type="checkbox"/>	8/1	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 8:	8/5	<input type="checkbox"/>	8/6	<input type="checkbox"/>	8/7	<input type="checkbox"/>	8/8	<input type="checkbox"/>

Days Attending	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Week 9:	8/12	<input type="checkbox"/>	8/13	<input type="checkbox"/>	8/14	<input type="checkbox"/>	8/15	<input type="checkbox"/>



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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.

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.

SIGNATURE OF PARENT / GUARDIAN

DATE

Name of Camper: _____ DOB: _____

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

If Yes, Name of Care Provider: _____

Caregivers/Aides are responsible for any/all required activity fees. No transportation will be provided for Caregivers/Aides OR THEIR CAMPERS.

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: _____