



Camp Registration Form

CAMPER NAME: _____

DOB: _____ Last First Middle Initial

ADDRESS: _____
Street / PO Box, City, State, Zip

PARENT NAME: _____ Phone: _____

PARENT NAME: _____ Phone: _____

EMAIL: _____

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"/> |
| | | | | | | | |

Check all that apply and provide details if necessary (e.g.: 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) There is a NON-REFUNDABLE registration fee of \$50.00 due no later than two weeks prior to the first day of camp. If payment has not been received by this time your camp(ers) 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 per day for the hours of 8:45 to 2:45. Payment is due on the 1st and the 15th of the month. 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 \$15.00

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.



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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 PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE



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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.

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)