



RFL Summer Camp 2019 at Hope College
June 17-July 18, 2019 (off week of July 4)
Monday - Thursday | 9am – 3pm

APPLICATION FORM-

to be filled out by parent/guardian & applicant

Applicant's Name _____ DOB _____ Age _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell #1: _____ Cell #2 _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Address (if different from that of applicant)

School or Program presently attending or completed: _____

Applying for: Full Time _____ or Part Time _____

Indicate weeks attending: Week 1: June 17-20 ____ Week 2: June 24-27 ____

Week 3: July 8-11 ____ Week 4: July 15-18 ____

T-Shirt size (please circle one): Adult S M L XL XXL

Camper Information Male: ____ Female: ____ Nickname, if any: _____

Disability: (official diagnosis)

____ Cerebral Palsy ____ Autism/ASD ____ Muscular Dystrophy ____ Down Syndrome ____ Spina Bifida
____ Multiple Sclerosis ____ Epilepsy ____ CHI (Closed head injury) ____ Other/ Explain

<u>Associated problems</u>	<u>Normal</u>	<u>Impaired</u>	<u>Describe</u>
Hearing Ability	_____	_____	_____
Visual Ability	_____	_____	_____
Memory	_____	_____	_____
Time-Concept	_____	_____	_____
Perceptual Ability	_____	_____	_____

Communications: Please describe the applicant's ability to communicate with staff and other campers

Does the camper have seizures? Yes ___ No ___ Frequency: _____ Medication: _____

Please describe the seizures/including length and severity _____

We encourage the applicant to provide input on the following questions.

1. List the activities or hobbies the applicant enjoys. _____

2. List the applicant's strengths and gifts _____

3. List what is difficult or fearful for the applicant. _____

4. List any physical limitation for summer activities (heat sensitivity, physical movement, etc.) _____

5. List any medications staff should know about and administration directions during camp. _____

6. List any behavior challenges the applicant might experience. _____

7. List special help needed for applicant's personal needs. _____

8. List any special staffing accommodations for the applicant (nurse, 1:1 aide, etc.) _____

9. Describe how the applicant communicates his or her needs. _____

10. What do you hope the RFL Summer Camp will provide for the applicant? _____

Health Information

Chronic Health problems for which you see a doctor: _____

Drug or Food Allergies: _____

**Routine prescription and over the counter medications (name, dose, frequency): _____

Major illness, hospitalization and surgeries (give dates): _____

*** Note: You must be independent in administering your medications.*

Check if you have had any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma/Wheezing |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Kidney/bladder infections |
| <input type="checkbox"/> Other heart problems | <input type="checkbox"/> Seizures/epilepsy |
| <input type="checkbox"/> Elevated Blood Pressure | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Psychiatric Problems | <input type="checkbox"/> Fractures/sprains requiring medical attention |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Infectious mononucleosis |
| <input type="checkbox"/> Other (Please explain) | |

Are camper's immunizations up-to-date? Yes No

_____ Height _____ Weight

Date of camper's last tetanus shot? _____

Insurance Information

*NOTICE TO ALL PARENTS AND CAMPERS: SOAR! Dba Ready For Life 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/healthcare coverage. I understand the above:

Signature of parent/guardian or adult camper

Date

Is the camper covered by Medical Insurance? Yes No

If yes, please list the camper's health insurance carrier (examples, Blue Cross, Medicare, Priority Health)

Policy Number: _____

Contract Number: _____

Card Holders Name: _____

**Please attach a
current copy of the
insurance card to
this form.**

Additional Information

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 #1 Name: _____

Place of employment: _____

Hrs. Reached: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian #2 Name: _____

Place of employment: _____

Hrs. Reached: _____ Email: _____

Work Phone: _____ Cell Phone: _____

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

1. Name/Relationship: _____ Phone# _____

2. Name/Relationship: _____ Phone # _____

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, legally competent and have legal authority to sign this Release Agreement. I give permission for me or my child to attend RFL and participate in all phases of activities, including swimming, transportation away from camp, community inclusion activities and other activities for camp. 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 RFL, and I acknowledge that by this Release Agreement neither RFL, nor its directors, instructors, agents or employees may be held liable for any injury to or death to me or my child whether such injury or death result from the negligence (excepting gross negligence) of RFL or its directors, instructors, agents or employees.

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

Additionally, in case of any injury to me or my child, I give permission for RFL to secure medical and surgical treatment and provide routine, nonsurgical medical care for me or my 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 RFL to use these photos in the camp newsletter, slideshow, and/or general promotional usage. Any photo 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.

Adult Camper or Parent/Legal Guardian

Date

Deadlines and Payment information

Application & Non-refundable Deposit

Please submit completed application forms along with \$50.00 registration fee (non-refundable) by April 26, 2019. The \$50.00 registration fee will be applied to the camps fees. Please make all checks payable to Ready for Life. The mailing address is:

Ready for Life
3250 28th St. SE, Suite 102
Grand Rapids, MI 49512

Camp Fees

Camp fees are \$250 per week or register for all 4 weeks for \$850.00.

Payment Options (please check one)

Non-refundable deposit \$ 50.00 Due with application

Camp Fees:

1 payment (full amount less \$50) \$ _____ Due June 1, 2019

or

2 payments (50% / 50% less \$50) \$ _____ 1st Payment due May 10, 2019

\$ _____ 2nd (final) Payment due June 10, 2019

Payment in full is expected prior to the start of camp on June 18, 2019.

Signatures

With the signatures below, we certify that all information on this and all attached pages is true, correct and complete to the best of our knowledge and contains no willful falsifications or misrepresentations.

Applicant Signature

Date

Parent/Guardian

Date

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

For Office Use Only

Application Fee: \$ _____ Check # _____ Date Rec'd: _____

Camps Fees: 1st Pmt. \$ _____ Check # _____ Date Rec'd: _____

2nd Pmt. \$ _____ Check # _____ Date Rec'd: _____