



**RFL Summer Camp 2020 at Hope College**  
**June 15-July 16, 2020** (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: Weekly \_\_\_\_\_ or Daily (specific days requested) \_\_\_\_\_

Indicate weeks attending: Week 1: June 15-18 \_\_\_\_ Week 2: June 22-25 \_\_\_\_

Week 3: July 6-9 \_\_\_\_ Week 4: July 13-16 \_\_\_\_

T-Shirt size (please mark 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.*



## 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 27, 2020. 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, \$65 per day 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, 2020

or

2 payments (50% / 50% less \$50)    \$ \_\_\_\_\_ 1st Payment due May 10, 2020

\$ \_\_\_\_\_ 2nd (final) Payment due June 10, 2020

***Payment in full is expected prior to the start of camp on June 15, 2020***

## 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: 1<sup>st</sup> Pmt.    \$ \_\_\_\_\_    Check # \_\_\_\_\_    Date Rec'd: \_\_\_\_\_

2<sup>nd</sup> Pmt.    \$ \_\_\_\_\_    Check # \_\_\_\_\_    Date Rec'd: \_\_\_\_\_