



Camp Horizon 2018 Application

1. Thoroughly complete all of these pages, sign in each place indicated, & submit with **\$25 application fee** to reserve space in camp. Please note: *the \$25 application fee is in addition to the session fees listed below.*

2. Camp Horizon **MEDICAL FORMS** (separate document available on our website) must also be completed. They may be submitted at a later date than this application, but **must** be signed by a physician AND received by June 1, 2018. *The results of a physical exam cannot be substituted for these forms.*

2018 Fees:

Day Camp: \$440/session

Overnight Camp: \$740/session

Please submit forms early, as spaces fill quickly.

Application Checklist

- Have you thoroughly completed all sections of the application? (*Incomplete forms will be returned and must be re-submitted before a camper's space will be reserved*).
- Have you clearly indicated your choice of sessions (page 2)?
- Have you clearly indicated who will be paying your camp fees (page 3)?
- Have you clearly identified the camper's emergency contacts (page 10)?
- Is the application signed by a parent, guardian or adult camper in each place indicated [pages 11, 12 (two places) and 13 (both lines)]?
- Have you included the \$25 application fee?

Return completed application and \$25 application fee to:

Patricia Coale, Director of Therapeutic Recreation

The Up Center

222 W. 19th Street

Norfolk VA 23517

Phone: 757-965-8681

2018 Camp Horizon Camper Application

Return completed application plus \$25 non-refundable application fee to:

Patricia Coale, The Up Center, 222 W. 19th Street, Norfolk VA 23517

Phone: 757-965-8681

Name _____

Last

First

Preferred Name

Last four digits of SS # _____

Birthdate _____

Age _____

Gender: _____

Race: _____

Street Address _____ **City** _____ **Zip** _____

Home Phone _____ **Cell phone** _____ **E-mail** _____

Parent(s) or Guardians _____

Name(s)

Street Address _____ **City** _____ **Zip** _____

(if different from camper)

Home phone(s) _____ **Work Phone (s)** _____ **Cell Phone(s)** _____

Camp Sessions

Indicate below all camp sessions for which you are applying. If you plan to attend one session only, please indicate your first, second and third choices, as sessions fill quickly and, campers may assigned to other sessions according to space available. Campers may sign up for a **MAXIMUM OF FOUR SESSIONS**.

Session 1
June 25 – 29

Exploration Week

_____ Day Camp

_____ Overnight Camp

Session 2
July 2 – 6

Yeah for the USA
Week

_____ Day Camp

Session 3
July 9 – 13

Deciphering Decades
Week

_____ Day Camp

_____ Overnight Camp

Session 4
July 16-20

Game Lovers
Week

_____ Day Camp

_____ Overnight Camp

Session 5
July 23-27

Zany Fashions
Week

_____ Day Camp

_____ Overnight Camp

Session 6
July 30-August 3

Celebration of Nations
Week

_____ Day Camp

_____ Overnight Camp

Session 7
August 6 - 10

Futuristic Fun
Week

_____ Day Camp

How many sessions does camper plan to attend? _____

Please attach a photo
of the camper

CAMP FEES:

\$440 per day camp session; \$740 per overnight session

Please note: Current fees and any outstanding balances from the previous summer must be paid in full by June 1, 2018, or a written payment plan agreed upon in order for the camper to attend the session(s) requested. Please complete the information below and keep a copy for your records.

A **very limited** amount of reduced fee assistance may be available from The Up Center (for a single week only) for individuals with demonstrated financial need. **You are expected to explore the other options below before requesting this assistance from The Up Center.** You must complete the Camp Horizon Reduced Fee Request on page 16 and return it with your Camp Horizon application to be considered for this assistance. Completion of the form is not a guarantee of reduced fee assistance. If you do not complete this form, it is assumed that you or a specified and confirmed outside source will be paying your camp fees.

Please indicate confirmed sources of camp fee payment (check all that apply):

_____ **Virginia Beach Dept. of Human Services (\$150).** Requires submitting campership request form and a copy of your completed Camp Horizon application form to your Support Coordinator no later than March 31, 2018.

_____ **Norfolk Community Services Board.** How much will they be paying? _____

_____ **Chesapeake Department of Integrated Behavioral Health.** How much will they be paying? _____

_____ **St. Mary's Home** (St. Mary's residents only)

_____ **Other confirmed source of funding** – please specify: _____

_____ **Payment by camper, family member or legal guardian (check one of the options below):**

_____ **I will pay the total amount of _____ plus \$25 application fee on or before June 1, 2018** (weekly fee multiplied by number of weeks attending, minus fee assistance indicated above)

_____ **I would like to request a short-term payment plan.**

- **I will pay the total amount of _____ plus \$25 application fee** (Weekly fee multiplied by number of weeks attending minus fee assistance as indicated above) in _____ monthly installment payments of _____. Payments must be completed no later than by November 30, 2018.

_____ **I can demonstrate financial need and am completing the Reduced Fee Assistance Request on page 15 of this application form.** I understand that I will be contacted by phone to discuss my request, and that completion of the form is not a guarantee of financial assistance. I understand that I will be asked to establish a written payment plan for the remaining balance of my fee if I am awarded reduced fee assistance.

I agree to payment for Camp Horizon fees as outlined above, and I understand that failure to pay as agreed to will result in the camper being unable to attend Camp Horizon.

Name of camper: _____

Responsible party name and phone number: _____

Signature of responsible party: _____

The following sections MUST be completed **in detail**. *For each section, circle all applicable responses.*

(Incomplete applications will be sent back, and processing will be delayed until the application is completed and returned.)

Type of disability

Autism Brain Injury Cerebral Palsy Down Syndrome
Hearing impairment Intellectual Disability Muscular Dystrophy Seizure Disorder
Speech impairment Spina Bifida Spinal Cord Injury Visual Impairment
Mental Health diagnosis (specify) _____

Mobility

Ambulatory Cane Crutches Walker
Wheelchair (manual) Wheelchair (power)
Can individual propel self? Yes No Can individual navigate independently? Yes No

About how far can applicant walk/wheel self?

Transfers

No assists Needs partial assistance (describe) _____ Needs total assistance

Assistive Devices – circle all that apply:

None Prosthesis AFO/KFO Wrist splint Helmet
Glasses Hearing Aid Other _____

Communication

Is camper able to express thoughts, needs and desires? YES NO
How? _____

Does camper use any of the following to communicate? YES NO Circle all that apply:

Communication board or book Sign Language

System of gestures or expressions (please describe): _____

Augmentative Communication device (please describe): _____

Eating

Independent Partial assistance Total assistance Special utensils Tube feeding

Describe any assistance needed: _____

Diet

Normal Chopped food Blended/pureed Low Calorie Low Salt Diabetic

Food allergies: _____

Special Diet: _____

(Attach description of special diets so we may determine if we can meet applicant's needs. Not all special diets can be provided)

Bowel and Bladder Control

Always independent Sometimes independent Needs reminding Incontinent

Needs assistance (describe) : _____

On a schedule (please describe) _____

Aids used: Catheter – condom catheter – indwelling catheter – intermittent Urinal
Special toileting chair Ostomy bag Diapers
Bedpan Laxatives Suppositories

Dressing

Independent Total assistance Partial assistance (describe): _____

Supervision/Assistance Needs

Activity	Comments/ precautions	Assistance Needed (circle one)			
Art Using paint, markers, scissors, paper, glitter		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Music Singing, using simple instruments, karaoke, dancing, etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Pool Activities Swim strokes, water games, diving,		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Leisure Activities Board games, simple cooking, crafts, puzzles, campus walks, etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Sports & Large Group Games Indoor whiffleball, basketball, soccer, relay races, volleyball scooters, parachute		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Field Trips Traveling in bus to local museums and parks, viewing exhibits, movies, bowling etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
Meals Using college cafeteria line; choosing food, handling food, managing portions, eating		Independent <i>(no assistance)</i>	Minimal	Moderate	Total

Camper Goals

An important component of Camp Horizon is helping campers to maximize their independence and build skills while having fun. Please do each of the following:

- A. **Circle one or more** of the goal areas that the camper/caregiver/family member would like to emphasize.
- B. **Answer the question(s)** below each selected goal area to **specifically** describe how the goal relates to the camper.
- C. **Write additional explanation** that will be helpful to counselors on the back of the page.

Goal Area 1: Developing self-confidence

In what areas?

Goal Area 2: Learning new leisure skills

What specific types of activities, i.e. art, music, sports, games?

Goal Area 3: Overcoming fear or obstacles

What specific fears does camper have?

What specific obstacles would camper like to overcome?

Goal area 4: Increasing positive interactions with others

Which of the following are relevant? (Circle all that apply):

Making new friends

Accepting direction

Being part of a team

Communicating with others (verbally or otherwise)

Developing leadership skills

Assisting others

Taking turns

Other (specify): _____

Goal area 5: Expressing needs appropriately

Which of the following are relevant? (Circle all that apply)

Making choices

Politely communicating desires

Being more assertive

Other (specify): _____

Medical Information

Is the applicant covered by health insurance? Yes No
Carrier _____ Policy or Group # _____
Medicare # _____ Medicaid # _____

Attach a copy of the camper's insurance/ Medicaid/ Medicare card.

Health Information and Restrictions

Seizures: Yes No
Type _____ Frequency _____
Describe any warning or aura before seizure _____
Date of last seizure _____
Taking seizure medication? Yes No Specify _____

Allergies: Yes No
If yes, list and describe: _____
Does camper have asthma? YES NO
If yes, describe triggers _____
If yes, describe use of inhalers or other medications _____

Other Medical Conditions: Circle all applicable and list treatment needed

Bleeding/clotting disorders _____
Frequent urinary tract infections _____
Frequent ear infections _____
Diabetes _____
Heart defect/ heart disease _____

Has camper been hospitalized in the past year? Yes No

Summarize camper's surgeries or serious injuries, with dates:

Has camper ever required psychiatric treatment/counseling or hospitalization? Yes No

Describe reason and include dates: _____

Does applicant have a shunt? Yes No If yes, special instructions: _____

Does camper menstruate? Yes No Care for her own tampons/pads? Yes No
Experience cramps? Yes No Treatment _____

Medications

List medications camper uses and the reason for each: (Use back of page if more space is needed)

Activity Restrictions

List any activities in which camper may NOT participate:

Describe any precautions or special instructions for routine camp activities:

School/Day Program Information

Name of school or day program camper attends _____

Location _____

Social Background

Has camper previously attended another camp? YES NO Been away from home? YES NO

What hobbies or activities does camper enjoy?

Describe any special behavior problems (attach behavior plan if applicable):

When do behavior problems occur?

Describe effective methods to manage challenging behaviors (continue on back of sheet if needed)

Emergency Information

Primary Emergency Contact

Name _____

Relationship to applicant _____

Phone(s) *home* _____ *work* _____ *cell* _____

Alternative Emergency Contact

Name _____

Relationship to applicant _____

Phone(s) *home* _____ *work* _____ *cell* _____

Camp T-Shirts

Circle preferred size: **Adult** S M L XL XXL **Youth** S M L

Campers whose complete application packet, including all medical forms, is received by June 1, 2018 will receive one free Camp Horizon T-shirt in their requested size. Late applicants will receive a shirt while quantities last, and choice of size cannot be guaranteed.

Privacy Policies

- FOR ALL PARTICIPANTS: I have received a copy of the Notice of Privacy Practices and hereby consent to participation in services and for the use and/or disclosure of information to carry out treatment, payment, and health care operations. I acknowledge that no explicit or implied guarantees have been made to me or my family as to the result of participation in services. I understand that services cannot be provided unless I sign this consent form. I also understand that I have the right to participate in setting goals for my participation in services and that I may discontinue services at any time but agree not to hold The Up Center liable for any adverse consequences arising out of discontinuing services. In case of medical emergency, I authorize the staff to arrange appropriate emergency medical treatment for myself or any individual for who I have authorized services.**

- ADDITIONALLY, FOR PARTICIPANTS IN GROUP SERVICES ONLY: I understand that group participants must respect the privacy and confidentiality of each other and that information should stay within the group. I agree not to reveal the identity or personal information of other group members.**

Signature of Client 14-17 years of age	Date
Signature of Parent or Legal Guardian of Minors	Date
Signature of Adult Client or Legal Representative	Date
Witness signature	Date

If you are the legal representative of the person listed above, please check off the basis for your authority:

- | | |
|--|---|
| <input type="checkbox"/> Power of Attorney (attach copy) | <input type="checkbox"/> Guardianship Order (attach copy) |
| <input type="checkbox"/> Parent of Minor | <input type="checkbox"/> Other |

Camper Name: _____

Date of Birth: _____ SS# _____ Phone: _____

Home Address: _____

Street City State Zip code

Acknowledgements

Camp Horizon Policies & Procedures
Camp Horizon Rights & Responsibilities

Please read Camp Horizon Policies & Procedures and Camp Horizon Program Rights & Responsibilities, included with camp application materials on our website before signing below

I have read and understood the Camp Horizon Policies & Procedures and Camp Horizon Rights and Responsibilities, and/or they have been explained to the applicant to the best of their understanding.

Adult Camper Signature (if own guardian) _____
Date

Parent (if camper is under age 18) or Legal Guardian (print name) _____
Relationship to Camper

Parent or Legal Guardian (Signature) _____
Date

Consent to Restraint Policy

The Up Center
Camp Horizon

The Up Center endorses a “hands off” policy of behavior management. However, we also must take steps to ensure safety if campers are in imminent danger of harm to self or others. In the event that a camper is at imminent risk of harm to self or others AND no other methods are available to protect the safety of the camper and/or others, the camper may be physically restrained using the manual restraint techniques of the Crisis Prevention Institute as applied by qualified staff certified in Non-violent Crisis Intervention. Should a restraint occur, the parent/legal guardian will be notified immediately. The parent/legal guardian will also have the opportunity for an official debriefing within 48 hours, and a written incident report documenting the event will be completed. The incident report will be reviewed by the Agency’s management team to ensure that proper procedures were followed. The incident report and management review will be kept on file for three years.

I authorize staff of The Up Center to use manual restraint techniques when necessary to prevent harm to myself/my child and/or others.

Adult Camper Date Witness Date

Parent of Legal Guardian of a Minor Child Relationship Date

Releases

BOTH of the following statements MUST BE SIGNED.

1. This application has my approval. While The Up Center and Camp Horizon will take every reasonable precaution, it is agreed that the agency and the camp are not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant's personal property and is released from liability for any accident, incident or injury except as may be covered by camper's insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

Parent/Guardian/Adult Camper _____ Date _____

2. The undersigned hereby authorizes and grants permission to any licensed physician designated by The Up Center to treat or to perform any emergency operation if the person/child's condition would be jeopardized by any delay in providing such treatment or performing such operation. The undersigned further authorizes the performances of any necessary dental work on himself/herself or child or ward.

Parent/Guardian/Adult Camper _____ Date _____

**Additional Demographic Information
(optional)**

The Up Center is required to request and maintain statistics concerning the demographics of those who participate in our programs and services. This information is compiled and used to help us determine how well we are serving the needs of our community, and to secure grant funding for many of our programs. The information requested below will be combined with that of those participating in all of our other programs and services to give us an overall picture of the range of persons we are serving.

For campers under age 18:

For campers 18 and older:

Gross annual household income _____

Individual's annual income _____

Total Number of people in household _____

No camper will be discriminated against because of race, age, gender, color, national origin, religion or disability.



Media Consent / Release Form

I hereby agree as follows and I grant The Up Center, its assigns, successors, officers, directors, employees, agents, and those acting with its authority and permission:

1. The unrestricted right, permission and licensure to use, re-use, and republish my name, likeness, voice, photographic and video graphic portraits or pictures of me, work created by me (such as art or poetry), and audio recordings of my voice or in which I may be included, made through any and all media now or hereafter known for any purpose consistent with The Up Center’s business, advertising, and publicity promoting and supporting the agency and the program in which I participate;
2. I also permit the use of any printed material in connection therewith;
3. I hereby relinquish any right that I may have to examine or approve the completed product(s) or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied;
4. I hereby assign all rights, title and interest I may have in any copyright product(s), advertising copy or printed matter;
5. I hereby waive any right to compensation for the rights and uses as described herein to which I have agreed and granted.

I have read the above statement and am familiar with its contents and I understand that signing this Media Consent/Release Form is voluntary and will not interfere with my association with The Up Center or the provision of services. I further understand that if I voluntarily or inadvertently disclose confidential information about myself or others to the media, The Up Center will not be held liable.

Printed name of participant/representative: _____

Signature of participant/representative (or **parent or legal guardian**):

Media Consent/Release Form must be signed *only* by parent/legal guardian if participant is under 18 years of age or if participant is an adult under legal guardianship.

I understand that I may revoke this consent at any time by providing a written revocation to: The Up Center, Attn: Marketing, 150 Boush Street, Suite 500, Norfolk, VA 23510. Such revocation will not apply to any information previously released while my consent was active.

Official Use Only: Program/Department (To be completed by agency representative):

IMPORTANT NOTES & REMINDERS :

- **This application** MUST be **completed in full, signed where indicated**, and submitted as early as possible to reserve an applicant's place in camp. Incomplete applications will be returned and processing will be delayed.
- **Medical forms** (separate document) may be returned separately, but must be completed, signed by the physician, and returned to our office not later than June 1, 2018. **Our Medical Authorization Form, signed by a physician, is REQUIRED before an individual can attend Camp Horizon. We cannot accept copies of a physical** in place of our Medical Authorization form.
- Any outstanding balances from previous years and current fees must be paid in full by June 1, 2018 in order for the camper to attend the session(s) requested. Campers may request a short-term payment plan. See page 3 of this application.
- **Explanation of fees:** The intensive staffing required to support our campers, and the facilities we use at Virginia Wesleyan University mean that our camp is expensive to operate. Generous funding from the United Way of South Hampton Roads pays for a large percentage of our costs, effectively benefitting each and every camper. Our fees are established to cover the remainder of our costs to operate the camp. As a non-profit organization we do not make a profit for the services we provide but we must generate sufficient revenue to cover the cost of providing our programs.
- **Assistance paying for Camp Horizon:** We recognize that it is difficult for some individuals to afford the camp fees. If you require assistance paying for Camp Horizon, please explore these options:
 - The Virginia Beach Department of Human Services provides \$150 in camp scholarship assistance to individuals who are receiving Medicaid waiver services through their agency. You must apply for this assistance no later than March 31 by completing the form provided by your Support Coordinator. You must submit the completed application **plus** a copy of your completed Camp Horizon application to your Support Coordinator.
 - The Chesapeake Department of Integrated and Behavioral Health is sometimes able to assist some campers who receive case management or other services from their department. Contact your Support Coordinator or Brenda Foster to ask about your eligibility. This assistance is only for individuals receiving services through the Chesapeake DIBH.
 - The Norfolk Community Services Board provides scholarship assistance to some campers who are receiving services through their agency. There are specific criteria for eligibility. Contact your case manager for details.
 - Extended family members or family friends are often willing to contribute to paying for a portion of camp fees as a birthday or other gift.
- A **very limited** amount of reduced fee assistance may be available from The Up Center (for a single week only) for individuals with demonstrated financial need. ***You are expected to explore the other options above before requesting this assistance from The Up Center.*** You must complete the Camp Horizon Reduced Fee Request on the next page and return it with your Camp Horizon application to be considered for this assistance. ***Completion of the form is not a guarantee of reduced fee assistance. If you do not complete this form, it is assumed that you or a specified and confirmed outside source will be paying your camp fees.***

Camp Horizon Reduced Fee Request

The following information must be provided in detail if you are requesting reduced fee assistance from The Up Center:

Camper name

Parent (if camper is under age 21) or Guardian (if applicable)

Camper's age & date of birth _____

For campers under age 21:

Total annual household income: _____

Total number of people residing in the household _____

For campers over age 21:

Individual's total annual income _____

Best contact person to discuss this request: _____

(Provide name and phone numbers)

Describe any other household circumstances that affect this request:

What other sources of financial assistance have you explored? (CSB, friends, family, etc.)

Name of person completing this form (PLEASE PRINT)

Relationship to camper