



## Camp Horizon 2019 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, 2019**. *The results of a physical exam cannot be substituted for these forms.*

### 2019 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)?
- Have you indicated your t-shirt size? (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 signed the media release form (page 14)? (your consent allows us to include your photo in the weekly camp newsletter and helps us tell the community about Camp Horizon.)
- If applicable, have you completed the request for reduced fee assistance (page 16)?
- 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. 19<sup>th</sup> Street

Norfolk VA 23517

Phone: 757-965-8681



## 2019 Camp Horizon Camper Application

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

Patricia Coale, The Up Center, 222 W. 19<sup>th</sup> 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. Sessions fill quickly and campers may be assigned to other sessions according to space available. Campers may sign up for a **MAXIMUM OF FOUR SESSIONS**.

**Session 1**  
June 24 – 28

*CAMP SPIRIT Week*

\_\_\_\_\_ Day Camp

\_\_\_\_\_ Overnight Camp

**Session 2**  
July 1 - 5

*TRAVEL IN TIME Week*

\_\_\_\_\_ Day Camp

**Session 3**  
July 8 – 12

*ENGAGE YOUR CURIOSITY Week*

\_\_\_\_\_ Day Camp

\_\_\_\_\_ Overnight Camp

**Session 4**  
July 15 - 19

*MAGIC IS IN THE AIR Week*

\_\_\_\_\_ Day Camp

\_\_\_\_\_ Overnight Camp

**Session 5**  
July 22 - 26

*ANIMATION INVASION Week*

\_\_\_\_\_ Day Camp

\_\_\_\_\_ Overnight Camp

**Session 6**  
July 29 -August 2

*CAN YOU IMAGINE THAT? Week*

\_\_\_\_\_ Day Camp

\_\_\_\_\_ Overnight Camp

**Session 7**  
August 5 - 9

*CRAZY CONCOCTIONS Week*

\_\_\_\_\_ Day Camp

How many sessions does camper plan to attend? \_\_\_\_\_

*(Maximum of four)*

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, 2019, 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 **limited** amount of reduced fee assistance may be available from The Up Center (for a single week only) for individuals with demonstrated financial need. To be considered for this assistance, you must complete the Camp Horizon Reduced Fee Request on page 15 and return it with your Camp Horizon application. Completion of the form is not a guarantee of reduced fee assistance.

It is assumed that you or a specified and confirmed outside source will be paying your camp fees if this form is not fully completed.

**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, 2019.

\_\_\_\_\_ **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, 2019** (weekly fee multiplied by number of weeks attending, minus any 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, 2019.

\_\_\_\_\_ **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)			
<b>Art</b> Using paint, markers, scissors, paper, glitter		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Music</b> Singing, using simple instruments, karaoke, dancing, etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Pool Activities</b> Swim strokes, water games, diving,		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Leisure Activities</b> Board games, simple cooking, crafts, puzzles, campus walks, etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Sports &amp; Large Group Games</b> Indoor whiffleball, basketball, soccer, relay races, volleyball scooters, parachute		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Field Trips</b> Traveling in bus to local museums and parks, viewing exhibits, movies, bowling etc.		Independent <i>(no assistance)</i>	Minimal	Moderate	Total
<b>Meals</b> 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 challenges (attach behavior plan if applicable):

When do behavior challenges 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, 2019 will receive one free Camp Horizon T-shirt in their requested size. Late applicants will receive a shirt while quantities last; 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:

- Power of Attorney (attach copy)
- Parent of Minor
- Guardianship Order (attach copy)
- 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 \_\_\_\_\_

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**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, 2019. **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, or a written payment plan must be in place, by June 1, 2019 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 **limited** amount of reduced fee assistance is available from The Up Center (for a single week only) for individuals with demonstrated financial need. ***Please 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:

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Camper name

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

Camper's age & date of birth \_\_\_\_\_

**For campers under age 21:**

What is the total annual household income: \_\_\_\_\_

How many people reside in the household? \_\_\_\_\_

**For campers over age 21:**

What is the camper's total annual income (including wages, social security, SSI, and any other income)

This figure should represent this **individual camper's income only**.

\_\_\_\_\_

Who is the 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.)

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Name of person completing this form (PLEASE PRINT)

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Relationship to camper