

# CAMP HOPE REGISTRATION 2009

Camp Hope is for disabled adults ages 18 and over.

Send completed application to:

**Camp Hope Director • Buckhorn Camp • PO Box 125 • Bellvue, CO 80512**

**Email: CampHopeBuckhorn@aol.com**

Enclose is a \$100.00 non-refundable deposit. (Deposit will be refunded if applicant if not accepted.)  
Make all checks payable to Buckhorn Camp.

**Completion of this registration does not guarantee acceptance into camp.**

All questions must be answered – type or print clearly.  
Indicate a 1<sup>st</sup> and 2<sup>nd</sup> choice by making a 1 or 2 in the appropriate box.

Camp Name	Date	Location
<input type="checkbox"/> Camp Hope I	July 20 <sup>th</sup> – 24 <sup>th</sup>	Buckhorn Camp
<input type="checkbox"/> Camp Hope II	July 27 <sup>th</sup> – 31 <sup>st</sup>	Buckhorn Camp

## Camper Information

Campers Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Person/Agency responsible for daily care: \_\_\_\_\_

Campers mailing address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Address where mail is to be received if other than camper's residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Home  IRSS (individual)  SLS (Supported Living Services)  Family

## EMERGENCY CONTACTS (at least three required)

**Less than 3 phone numbers and contacts makes the form incomplete.**

First Name \_\_\_\_\_ First Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

24 Hr. Phone Number \_\_\_\_\_ 24 Hr. Phone Number \_\_\_\_\_ 24 Hr. Phone Number \_\_\_\_\_

## IMPORTANT

The information requested on this form is used to determine which counselor and what housing the camper shall receive. **Answer all questions and fill in all blanks. Incomplete applications will be returned.** Camper acceptance is determined by the date when full payment, completed registration and adequate staffing levels have been confirmed by the Camp Hope Director. The number of confirmed staff reflects the number of campers accepted at each week of camp. Camper may be put on a waiting list until staffing level is confirmed. **Camp Hope reserves the right to refuse any camper.**

**Camper Information - all spaces must be filled in for this form to be accepted!**

The care of your camper depends on accurate information. Please consider how your camper will function in an unfamiliar environment in answering the following questions.

1. Primary diagnosis \_\_\_\_\_
2. Secondary diagnosis if applicable \_\_\_\_\_
3. Seizure diagnosis if applicable  Yes  No (*be advised that medical facilities are 1 hour away*)  
If yes: Type of seizures \_\_\_\_\_ Date of last seizure \_\_\_\_\_  
Frequency \_\_\_\_\_ What precipitates the seizure? \_\_\_\_\_  
Special instructions for care during seizure \_\_\_\_\_
4. Mental Ability  High functioning  Mild  Moderate  Severe Profound  
(*be advised that Camp Hope does not have programs that meet the needs of Severe Profound*)
5. List all the other medical/adaptive equipment the camper will be bringing to camp. Your camper must bring all the necessary equipment for their daily needs. **This includes any depends and personal hygiene items.**  
\_\_\_\_\_  
\_\_\_\_\_
6. Mobility (please bring all necessary equipment)  
Walks  Alone  Needs assistance  Cannot walk  
Wheelchair  Manual  Electric  
Uses  Walker  Braces  Crutches  Gait Belt  
Transfers  Independent  Slide Board  Some assistance  Total assistance  
Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Explain additional mobility needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Care Needs – NOTE: The camper must bring all the equipment and supplies for daily needs.**

Be as detailed as possible.

Care needs alone will not prevent anyone from being accepted.

- Meals**  Independent  Some assistance needed  Foods chopped/pureed  
 Total assistance  Tube fed  Adaptive equipment

Explain \_\_\_\_\_  
\_\_\_\_\_

- Dietary Needs**  Limit liquids  Food allergies  Special foods (must be brought by camper)

\_\_\_\_\_  
\_\_\_\_\_

- Dressing**  Independent  Some assistance  Total assistance  Adaptive equipment

\_\_\_\_\_  
\_\_\_\_\_

- Toileting**  Independent  Some assistance  Total assistance  Occasional accident  
 Catheter  Nighttime diapering  Total incontinence (**must bring own depends**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Showering**    Independent    Some assistance    Total assistance  
 Needs to sit during shower    Adaptive equipment needed (must bring own supplies)

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**Communication**    Verbal    Non-verbal    Hearing Impaired    Uses sign language  
 Uses hearing aides    Uses communication board (please bring to camp)

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**Socialization** (Please explain all other answers below)

Please list things that over stimulates or triggers aggression:

<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Self abusive	<input type="checkbox"/> Verbally abusive	<input type="checkbox"/> Takes things
<input type="checkbox"/> Bites	<input type="checkbox"/> Pulls hair	<input type="checkbox"/> Curses	<input type="checkbox"/> Sexual behaviors
<input type="checkbox"/> Hits	<input type="checkbox"/> Slaps & hits	<input type="checkbox"/> Threatens	
<input type="checkbox"/> Kicks	<input type="checkbox"/> Bites	<input type="checkbox"/> Screams	
<input type="checkbox"/> Destructive	<input type="checkbox"/> Scratches	<input type="checkbox"/> Other *	
<input type="checkbox"/> Other *	<input type="checkbox"/> Bangs head		
	<input type="checkbox"/> Other *		

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Other \* (please explain) \_\_\_\_\_

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**Sleep**    No problems    Sleepwalks occasionally    Sleepwalks often  
 Restless or noisy    Rolls off bed    Snores    Adaptive equipment

Explain \_\_\_\_\_

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**Participation**

Group activities    Compliant    Withdrawn    Agitated    Non-participatory  
Assistance needed    Independent    Min. assistance    Some Assistance    Total assistance  
Supervision needed    None    Minimal    Moderate    Maximum  
Wanders away    Yes    No   Has ever been sent home from camp?    Yes    No

Explain \_\_\_\_\_

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Is there any additional information you think we should know in order to care for this camper? Please include ways of handling inappropriate behavior. \_\_\_\_\_

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# PARENTAL AGREEMENT (OR LEGAL GUARDIAN)

This portion must be read, signed and dated by the camper's parent/guardian before returning form.

I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Hope. Pictures, audio tapes, and video tapes may be taken of my child (ward) for use in publicity that is in the proper interest of Camp Hope and Buckhorn Camp. The Camp is not responsible for lost, misplaced, or damaged, etc. items.

I hereby agree to indemnify and hold Camp Hope, Buckhorn Camp, its agents, servants, and/or employees harmless from any and damages, claims, expense, or costs of whatever nature, causes of actions, suits, and liability of every kind including attorneys fees, for injury to or death of my child (ward), or for damage to any property, arising out of or in connection with my child's (ward's) use or occupancy of the premises or participation in Camp Hope and any other person or entity employed by Camp Hope or Buckhorn Camp.

I understand that volunteers could be providing for some of the daily care of my child (ward) and give my permission for these volunteers to do so. In addition, I understand that Camp Hope reserves the right to accept campers based on Camp Hope's perceived ability to provide a safe experience and that campers may be sent home when or if it is determined that they can no longer participate safely.

## Authorization for Care

I hereby grant permission to all physicians, nurse, medical personnel, hospitals, and their authorized employees to render routine medical care deemed necessary for my child (ward). We desire notification at the phone number left for emergencies or other appropriate means, of any such emergency other circumstances likely to have an adverse effect upon the child's (ward's) health, including notification on any emergency treatment. I guarantee someone will be available at the emergency numbers(s) 24 hrs. a day, throughout the duration of camp and that someone will pick up my camper if it is determined they need to leave camp.

## Financial Responsibility

I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered.

## Release Information

I authorize that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered.

## Assignments of Benefits

In consideration of services rendered or to be rendered, I hereby assign and transfer any benefits otherwise payable to me for my benefit under hospitalization, health or accident insurance, and other insurance coverage, to include major medical benefits, for the payment of services rendered.

If a MEDICARE patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent/guardian or camper if own guardian.)

## Person authorized to pick up camper from camp:

Name \_\_\_\_\_ 24 Hr. Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

## Financial Information

<b>Fee must be paid in full by May 31, 2009</b>	<b>\$580.00</b>	<b>\$610.00 After June 1, 2009</b>
Amount enclosed with registration (\$100 minimum required with registration)		\$ _____
Total amount due		\$ _____
<b>Balance due</b>		\$ _____



**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN.** This section must be filled out and signed by a physician.  
**TO BE ADMINSTERED AT CAMP:**

All medications must be in original prescription bottle clearly marked as to content, dosage and frequency:

Medication Name	Dosage	Frequency	Route	Times

Any prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.) \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Additional Health Information \_\_\_\_\_

I have examined the above camp applicant within the last year. Date examined \_\_\_\_\_

In my opinion, the above condition does not preclude his/her participation in an active camp program.  
**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP – any treatment to be continued at camp:**

**LICENSED PHYSICIAN’S SIGNATURE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**DATE OF FORM COMPLETION:** \_\_\_\_\_

The above box and information must be filled out by a licensed physician.

**BUCKHORN CAMP CONTROLLED RISK ACTIVITY**

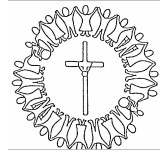
**☞ Release from liability:**

I give permission for \_\_\_\_\_ to participate in horseback riding, boating, and challenge course activities while at Buckhorn Camp/Tip Top Ranch. I understand that these are activities that involve a degree of risk and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn Camp/Camp Hope Staff from all liabilities in the event of an injury or accident.  
 I also give my permission for any necessary medical/surgical treatment that may be necessary it the unlikely event that an accident should occur.  
 ☞ \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of Parent or Legal Guardian)

☞ **Please sign** both release forms TIP TOP RANCH, INC. requires this own release form) and return entire form to the Camp Hope Director. No camper will be allowed to participate without both sections of this form being signed.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for treatment:** *I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named. The completed forms may be photocopied for trips out of camp. I understand and agree to abide with the restriction place on my camp activities.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CAMP HOPE CAMPER CHECKLIST:

☞ Please mark all items clearly with the camper's name (including clothing, bedding, toiletries, appliances, and necessary equipment.

**Every camper will need ALL of the required items.**

**Required Items: These items must be brought with the camper for attendance at camp.**

- ◆ Sleeping bag or bedding. If the camper has problems with bedwetting, please send 2-3 fitted sheets, 2-3 regular sheets, and 1-2 blankets.
- ◆ Pillow & pillow case.
- ◆ Towels (bath and hand towels) and washcloths.
- ◆ Toiletries, including toothbrush, toothpaste, comb or brush, deodorant, soap, sunscreen, lotion, shaving equipment for men and feminine hygiene products for women if applicable.
- ◆ Laundry bag or trash bag for dirty clothes.
- ◆ 5 shirts, 4-5 pairs of jeans or slacks, shorts if desired, 5 pairs of socks, 5 pairs of underwear, 1- 2 sweatshirts or sweaters, and 2 pairs of pajamas.
- ◆ Comfortable walking or hiking shoes, a warm-waterproof jacket, and a hat or cap for sunny days.
- ◆ Any special eating utensils, bibs, or lap blankets and an ample supply of Attends, Depends, and Chux for incontinence. These must be provided by the Caregiver or Parent.

### Optional Items:

- ◆ Umbrella, flashlight, fishing equipment, disposable or inexpensive camera.

### DO NOT BRING:

- ◆ Expensive items such as a boom box, an expensive watch, or an expensive camera.
- ◆ A lot of money, \$10 is enough for pop or candy.

**Registration:** Plan to arrive at camp between 10:00 and 11:30 AM on Monday so that your camper will be with us for lunch. Registration is in Buckhorn Lodge where all medications will be turned over to the nurse. All Health forms must be on file at camp prior to check in day. All fees must be paid in full prior to check in. The camper will be given a cabin assignment and you may meet his/her caregiver at this time. If the camper wants to room with a special friend please contact us prior to camp, we will make every effort to meet your requests. **Please do not arrive at camp earlier than 10:00 am.** No campers will be accepted before 10:00 AM.

### *Please read carefully:*

All camper medications including over the counter medications and vitamins must be in the original prescription bottle, container, or medication card prescribed by doctor. The name and strength of the prescription, number, prescribing physician, and administration instructions must be clearly labeled. This information must be provided by the prescribing doctor. This information is required by state law and no camper will be allowed to remain on site without this information

**Camper pick-up:** Plan to pick up your camper on Friday by **10:00 AM** at the very latest.

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**Be sure to mark ALL ITEMS with the camper's name.**

**\*\*\* Camp Hope / Buckhorn Camp is not responsible for lost or stolen items. \*\*\***

**At the end of the camp all unclaimed items will be disposed of.**