



# CAMP HOPE REGISTRATION 2012

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: mejegm@aol.com (Directors email)**

**Buckhorn Email: dkbuckhorn@gmail.com (Registration questions)**

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

All spaces must be filled in **TYPE or PRINT clearly**. Any incomplete forms will be returned  
Indicate a choice by checking the appropriate box.

Camp Name	Date	Location
<input type="checkbox"/> Camp Hope I	July 2nd – July 6 <sup>th</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 \_\_\_\_\_

**Email** is required \_\_\_\_\_

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

## EMERGENCY CONTACTS (3 DIFFERENT CONTACTS AND PHONE NUMBERS ARE REQUIRED!)

**Less than 3 different phone numbers and contacts make 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  Can not 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)

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

**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 *		

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

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

Explain \_\_\_\_\_

**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 \_\_\_\_\_

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

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

# 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 all 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 of 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 \_\_\_\_\_  
(Parent/guardian or camper if own guardian.)

Date \_\_\_\_\_

## 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 1, 2012</b>	<b>\$625.00</b>	<b>\$660.00 After May 1, 2012</b>
Amount enclosed with registration (\$100 minimum required with registration)		\$ _____
Total amount due		\$ _____
<b>Balance due</b>		\$ _____