



February 15, 2017

Dear Camp Maple Leaf Parents and Campers,

Welcome to CML 2017 – 35 Years of Camp Maple Leaf!

Hello everyone! I am excited to be the permanent Camp Director of Camp Maple Leaf! My name is Stacy Veldhuizen, many of you may have met me last summer. I am so excited to work with all our participants and families in meeting goals and working on many different skills! Enclosed you will find the necessary information to register your camper for an amazing summer camp. Please feel free to contact me directly with any question or concerns.

There are several options we would like to suggest to assist families in making Camp Maple Leaf more affordable:

- Early bird registration can save \$50.00 for a resident family and \$100.00 for a non-resident family for the regular camp program.
- Ask assistance from local Elks Lodge, Lions Clubs or other civic organizations.
- Payment plans and scholarships may be available, contact Julie Eggleston, Executive Director for more information at jeggleston@KishSRA.org or 779-777-7284.

I encourage you to contact me with any questions that you may have regarding this program to provide a quality camp program at an affordable cost to the families of this community. Be sure to check out our program guide and website for more information on **Before Camp Early Birds**, **After Camp Extended Days** and **Field Trip Fridays** to meet your needs in providing a safe environment for your youth this summer! Thanks again and we look forward to a great summer!

Sincerely,

Stacy Veldhuizen, CTRS
Therapeutic Recreation Program Coordinator
Camp Maple Leaf Director
Direct Line: 779-777-7286
Cell: 815.739.0001
E-mail: sveldhuizen@kishsra.org

The required paperwork for attendance at camp is included in this packet:

Camp Maple Leaf Annual Information Form – this form assists the staff to get to know the camper and what his or her needs are to assist them in being as successful as possible in having a great camp experience this summer. This form has all of the pertinent information that we need. You will be contacted for explanation if needed. This is the form that Kishwaukee SRA would need information about diet, daily living skills, behavior plans, and communication ability to name a few.

Camp Maple Leaf Registration Form and Waiver – this form assists the staff in planning for the campers. Registration opens on March 1st and ends on June 1st. **No camper registration forms accepted after 5:00 PM on June 1st, 2017.** Campers must be aged 4 or older, the campers will be separated into age-appropriate groups to assist in their socialization and peer support needs.

Camp Maple Leaf Medication Information Form – this is required if the camper needs to self-administer his or her medication during the camp time. This completed form will be kept locked with the medication under the supervision of the Camp Director. The description of how the medication will be accepted is listed on the form. The camper must be able to self-administer their medication or the medication is not allowed at camp. The only exception to this is the need for a counselor to carry an Epi-Pen for the camper for emergency purposes only. That counselor will receive the required training and will sign in and out the Epi-Pen every day that the camper attends camp. This form will be provided upon request.

Time of Operation – Camp Maple Leaf starts the 2017 season on June 12th and ends on July 27th, 2017, 8:30 AM– 1:00 PM. There is a Mini Session, from July 17th through July 27th, 2017 is available for those campers that have to attend the extended school year. **If you need a mini-camp that meets different weeks, please contact Stacy to discuss alternate options.

Payment for Camp Maple Leaf - The payment for camp can be made either in a full amount by the June 1, 2017 deadline date, or there are payment options available to individuals on a need basis. The registration fee **MUST** be paid before the last week of camp. Partial scholarships for Resident and Non-Resident campers are limited and applications are provided upon request.

There is a two-tier fee for the camper to attend camp this year:

Early Bird Registration (March 1 to April 28)

Full Session - \$600 Resident/ \$1200 Non-Resident (7 wks)

Mini Session - \$250 Resident/ \$500 Non-Resident (2 wks)

Regular Registration (May 1 to June 1)

Full Session - \$650 Resident/ \$1300 Non-Resident (7 wks)

Mini Session - \$250 Resident/ \$500 Non-Resident (2 wks)

**SEE YOU AT CAMP
GO CAMP MAPLE LEAF!**



2017 Camp Maple Leaf Registration Form



Participant's Name: First _____ Middle: _____ Last: _____

Address: _____ City: _____ zip: _____

Park District: _____ Home/Cell phone: (____) _____

Date of Birth: ____/____/____ Sex: M__F__ Shirt size: _____ Shoe size: _____ Weight: ____ Height: _____

E-mail: _____

Parent/Guardian name: (1) _____

(2) _____

Address (if different from participants): _____ City: _____ zip: _____

Home/Cell phone: (____) _____ E-mail: _____

Emergency Name/Relationship and Phone Number(s): _____

Primary Disability: _____ Secondary Disability: _____

Payment in full is due June 1, 2017 unless an approved Financial Aid form is on file. Without payment, registration will not be processed and the camper will not be accepted. If you are requesting Financial Aid, the request must be made in writing each season, before June 1, 2017. Payment options are available.

<u>Dates of Attendance</u>	<u>Fee for Camp Session</u> Early Bird Registration: (March 1 st – April 28 th)	<u>Fee for Camp Session</u> Regular Registration: (May 1 nd – June 1 st)
Regular Session: June 12 – July 27, 2017 (NO CAMP JULY 4)	Resident: \$600.00 Non-Resident: \$1200.00	Resident: \$650.00 Non-Resident: \$1300.00
Mini Session: July 17 – July 27, 2017	Resident: \$250.00 Non-Resident: \$500.00	Resident: \$250.00 Non-Resident: \$500.00
<u>Dates NOT in Attendance:</u>		

REGISTRATIONS WILL NOT BE ACCEPTED AFTER 5PM ON JUNE 1, 2017

REQUESTS FOR REFUNDS WILL NOT BE CONSIDERED AFTER THE JUNE 1, 2017 REGISTRATION DEADLINE EXCEPT FOR MEDICAL AND FAMILY EMERGENCIES.

PHOTOGRAPHS: Unless we are notified, Kishwaukee SRA may take pictures of participants in our programs, classes, or events. Please be aware that these pictures are only for Kishwaukee SRA use in future brochures, pamphlets, and fliers.

If you would like to decline the photo release, please initial here: _____



This form must be completed and filed with KSRA prior to the start of programs. The form contains extremely important participant information which is necessary for KSRA staff to plan and execute safe and enjoyable programs. Please answer all questions in their entirety.

Date completed: _____ Person completing this form: _____

Relationship to participant: _____

PARTICIPANT GENERAL INFORMATION

Name: First _____ Middle: _____ Last: _____ nickname: _____

Address: _____ City: _____ zip: _____

Home phone: () _____ Park District: _____ Sex: M__F__ Date of Birth: ___/___/___

E-mail: _____ Shirt size: _____ Shoe size: _____ Weight: _____ Height: _____

Parent/Guardian name: (1) _____

(2) _____

Address (if different from participants): _____ City: _____ zip: _____

(1) Place of employment: _____ work phone: _____ cell: _____

(2) Place of employment: _____ work phone: _____ cell: _____

School attending/other (workshops, day care, day treatment): _____

Teacher's / Supervisor's / case worker's Name: _____

AUTHORIZATION TO CONTACT AND RELEASE INFORMATION

Unless otherwise indicated in writing, I grant permission to KSRA to contact the school, teacher, supervisor, or case worker for the purpose of gathering or releasing information regarding the participant. The information will be used to provide the most effective plan for providing KSRA recreation services and proper placement. All information will be kept confidential.

Signature of participant if over 18, Parent or Guardian

Date

Has participant participated in recreational programs through KSRA in the past? Yes ____ No ____ If yes what year? _____

List programs participant last participated in: _____

EMERGENCY INFORMATION

Emergency contact: _____ relationship: _____

Emergency contact will be used if unable to reach parent or guardian at above phone numbers.

Address: _____ Phone: () _____ cell: () _____

Doctor's name: _____ phone number: () _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I authorize KSRA to arrange for emergency medical treatment, in the event of any injury to my child, or me and in the event that I or my designated emergency contact cannot be reached by KSRA.

Signature of participant if over 18, Parent or Guardian

Date

MEDICAL AND HEALTH INFORMATION

Does participant have Allergies? Yes _____ No _____ If yes, please explain: _____

Is participant subject to seizures? Yes ___ No ___ Date of last seizure: ___/___/___ Are seizures controlled by medication? Yes _____ No _____

Describe type & frequency: _____

Describe what action you take in the event of a seizure: _____

If participant have active seizures, please provide a seizure plan that is approved by the participant's physician for the agency's records.

Any participant needing to take medication during KSRA programs must complete a medication log and medication authorization form. Medication must arrive in pharmaceutical container with explicit instructions, participants name and the name of the doctor authorizing the prescription. The KSRA staff will not directly dispense medication. The participant MUST be able to independently dispense their own medication.

List any medication participant takes (even if not taken at camp):

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has participant had any major accidents or injuries that could affect participation? Yes ___ No _____ If yes please describe: _____

Are there any doctor's restrictions? Yes _____ No _____ If yes please describe: _____

Is the participant a carrier of a chronic communicable disease? Yes _____ No _____ Name the disease: _____

Does participant have a disability? Yes _____ No _____ If yes, Primary disability _____ secondary _____

If participant has Down syndrome

Has participant been tested for Atlanto-axial instability? Yes _____ No _____

If tested for Atlanto-axial instability was the results positive? Yes _____ No _____

Circle any devices participant may use/wear during KSRA programs:

Contact lenses Orthopedic devices Dentures Glasses Hearing aid prosthesis

Other (please specify): _____

Is participant ambulatory? Yes _____ No _____ Does participant use a wheel chair? Yes _____ No _____ Circle if use wheelchair: Manual or Electric

Does participant willing to transfer? Yes _____ No _____ Please explain transferring: _____

Circle other assistive devices used for ambulation: Cane walker brace crutches other _____

Check communication use: verbal/speaks clearly verbal/speech is difficult to understand has difficulty expressing needs

gestures/points uses sign language uses a communication board/schedule/pictures

Explain any communication needs: _____

ADDITIONAL INFORMATION

Please answer each of the following questions regarding the participant as related to safety, swimming, dressing, bathroom, dietary and behavior:

Y N

Y N

Willing to stay with group			Needs assistance with feeding		
Responsible for own belongings			Needs assistance with transitioning		
Recognizes danger			Has sensory needs – Please list		
May wander or run from staff or group					
Can manage own money			Any fears or phobias (fear of dogs, thunder storms...) Please list:		
Needs help dressing					
Needs help in bathroom – if yes list needs:			Any settings or activities that might cause behavior difficulties – if yes please list:		
Is an independent swimmer			Responds better to Male _____ Female _____ Either _____		
Needs 1:1 assistance in water					
Needs floatation device – if yes list type			Is using a specific plan for behavior – if yes please attach a copy of plan		
Any dietary restrictions - please list			Are there specific behavior management or reinforcement that works best?		

Additional comments: _____

CHILD CARE AND AUTHORIZATION FOR PICK UP

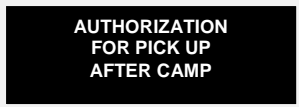
Participant will be at the following address _____ before and/ or _____ after KSRA program:

Name of care provider: _____ Phone: _____

Address: _____ City: _____ zip: _____

Along with parent/guardian listed on 1st page the following people are authorized to pick participant up from KSRA programs. I understand if the people listed here are picking up participant for the first time and staff are unfamiliar with person they will ask to see a photo ID.

Name: _____



Signature of participant if over 18, Parent or Guardian

Date



Kishwaukee SRA REGISTRATION WAIVER & RELEASE



IMPORTANT INFORMATION

The Kishwaukee SRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Kishwaukee SRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Kishwaukee SRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Kishwaukee SRA, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____ Date _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED
If the signature of adult participant or parent/guardian and date are not on this waiver.

