

Camp BT•Registration Form, August 16-19, 2010

Summer Address: Post Office Box 527, Minong, Wisconsin 54859

715-466-2216• 715-466-2217 fax•directors@birchtrail.com

Winter Address: 10523 N Pine Tree Circle, Mequon, Wisconsin 53092

262-238-1263• 262-238-1269 fax• directors@birchtrail.com

Camp Birch Trail will offer a camping experience for children with Autism/Aspergers Syndrome. In order to make the camping experience more meaningful for your child, please carefully complete the Application below. At the end of the Application you may add any information that you think may be helpful. We envision a small group this year, so we may not be able to accommodate every camper who applies. We will prioritize applications based on which campers we believe will be best served by the program.

Please attach a recent photo of your son /daughter to this form; our counselors want to recognize each camper!

Please fill in all of the following information, including email addresses. Thank you!

Camper's Full Name _____ Nickname _____ Date of Birth _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Email (camper) _____

Present Grade in School ____ Current School _____

Parent's Names—Mother _____ Father _____

Work Phone (Mother) _____ Email (Mother) _____

Work Phone (Father) _____ Email (Father) _____

Cell Phone (Mother) _____ Cell Phone (Father) _____

Siblings (Names and ages) _____

If camper is not living with both parents, please complete: Camper is living with: _____

Father deceased Mother deceased Parents separated Parents divorced

If parent with whom camper is living has remarried, please indicate:

Stepparent's Full Name: _____

Camp letters and reports are to be sent to:

- Mother
- Father
- Both

Statements should be sent to:

- Mother
- Father
- Both

Please provide additional home address if applicable: _____

I have read the attached Camp BT Enrollment Information and Policies, accept financial responsibility for this registered camper and accept the terms as stated on the Enrollment Policies form. In case of emergency, I authorize the physician selected by Camp BT to hospitalize secure treatment for and order injection, anesthesia or surgery for my child named above.

Parent's Signature

Date

Child's Diagnosis :
(ex: Aspergers Syndrome / Autism / P.D.D.)

Class Placement: _____ regular classroom
 _____ regular classroom with aide
 _____ self-contained classroom
 _____ day treatment program
 _____ home schooled
 _____ other _____

What would you like to see your child accomplish at Camp BT?

List your child's strengths, abilities and talents:

We require that campers be able to do the following with a minimum of help. Please include comments about each concerning your child.

	Complete Assistance		Partial Assistance		No Assistance	Comments:
	1	2	3	4	5	
Toileting	1	2	3	4	5	
Bathing	1	2	3	4	5	
Dressing	1	2	3	4	5	
Eating	1	2	3	4	5	
Personal cleanliness	1	2	3	4	5	
Brushing Teeth	1	2	3	4	5	
	Not a Problem		Sometimes a Problem		Frequent Problems	
Bedwetting	1	2	3	4	5	
Sleeping	1	2	3	4	5	
Attention span	1	2	3	4	5	

Please include additional self care concerns here if necessary.

Please describe any sensory issues that affect your child, sensitive to noise, touch, smells, types of clothing, something that he or she sees that really causes a big reaction or any unusual fears?

Please describe any rigid / repetitive behaviors or obsessive interests:

Please describe any thing that might make your child particularly upset and indicate how well he or she controls his /her emotions in general

What are strategies that you or others who work with your child use to help them calm down or deal with difficult situations? _____

Please complete the following in regards to your child:

Trait	Excellent	Very Good	Good	Fair	Poor
Mood Stability					
Peer Relationships					
Sibling Relationships					
Relation to adults in authority					
Self-discipline					
Acceptance of limitations					
Response to limit setting					
Impulse control					

Please describe any other behavioral issues your child has:

Please describe any physical restrictions of which our staff should be aware of:

Has your child been away from home overnight? _____ If yes, please explain: _____

Please check all that apply to your child:

- | | | |
|---|---|--|
| <input type="checkbox"/> active | <input type="checkbox"/> cooperative | <input type="checkbox"/> follows instructions easily |
| <input type="checkbox"/> makes friends | <input type="checkbox"/> communicates basic needs / wants | <input type="checkbox"/> physically aggressive |
| <input type="checkbox"/> destructive | <input type="checkbox"/> provokes / aggravates other | <input type="checkbox"/> temper tantrums |
| <input type="checkbox"/> shy | <input type="checkbox"/> difficulty in following directions | <input type="checkbox"/> nonverbal |
| <input type="checkbox"/> wears glasses | <input type="checkbox"/> wets / soils clothes / bed | |
| <input type="checkbox"/> other please explain _____ | | |

If your child is currently taking medicine please fill in:

Medication Name	Dose	Times	Reason for taking / instructions

(If more space is needed please attach an extra sheet of paper)

Does your child have any allergies, dietary concerns, or other medical conditions that our staff should be aware of?

If your child is a vegetarian or has food (ex. peanut) allergies please note that here.

How did you hear about Camp BT?

Camp BT understands that your child's information is personal and private. Camp BT has requested your child's personal and medical information only for the purpose of allowing us to best serve the needs of your child and to provide any medical care necessary at Summer Camp.

Acknowledgement of Parent or Guardian. I acknowledge that I have been informed of Camp BT's privacy policy governing my child's personal and medical information.

Signature of Parent or Legal Guardian _____ Date: _____

Print Name: _____

Camp BT Participation Agreement

Print participant name

Print name of parent

Instructions: Please read this form carefully. Each participant and / or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in the program.

I understand that my participation in programs at Camp BT is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

Initial

I understand that climbing, ground initiatives, water sports and other activities in the program for which I and / or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

Initial

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Camp BT and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

Initial

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

Signature of participant (required)
age: _____

If participant is under 18, signature of
Parent or Guardian is REQUIRED

Person to be contacted in case of emergency:

Name: _____
Clearly Print Name

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Camper _____

AUTHORIZATION FOR RELEASE OF INFORMATION TO BIRTCB TRAIL CHALLENGE CAMP

I do hereby request and authorize the school, program, or social service agency or any professional involved in my child's treatment to disclose to Camp BT all information necessary to further the camper's behavioral or educational goals. A Photostat copy of this authorization shall be considered as effective and valid as the original. The reports to be received by Camp BT will be used only by Camp BT personnel to promote and enhance the camper's participation in the program at Camp BT.

* **Signed** (parent / guardian) _____ Date _____

STANDARD ADMISSION WAIVER

I understand that the management of Camp BT has agreed to exercise such reasonable care toward this camper as his or her known condition may require; however, Camp BT is in no sense an insurer of his / her safety or welfare and assumes no liability as such.

I further understand that the management of Camp BT will not be responsible for any valuables, money, or lost articles of laundry or belongings left in the possession of this camper while he / she is at Camp BT. Articles left behind will be shipped to the camper's home address at my (parent / guardian) expense.

* **Signed** (parent / guardian) _____ Date _____

PARENT AUTHORIZATION

I am willing to have my camper participate in all scheduled camp activities that are within his / her capabilities. Restrictions and limitations should be recorded on the health form (see camper information form included as part of this application).

* **Signed** (parent / guardian) _____ Date _____

PHOTO, VIDEO and MISCELLANEOUS RELEASE

I grant to Camp BT and persons acting through Camp BT, the right to film my camper, take my camper's picture, record my camper's voice, in any medium of expression, and to use such pictures, films, videotapes, audiovisual works and sound recordings of my camper (and myself), along with any of my or my camper's testimonials in any promotional literature or for any other lawful uses.

* **Signed** (parent / guardian) _____ Date _____

*** SIGNATURES REQUIRED BEFORE APPLICATION CAN BE ACCEPTED!!**