



**Takoda Camp**  
**Easter Seals Timber Pointe Outdoor Center**  
**Autism Society of McLean County**



Name of Session Applying For: Takoda Autism Camp Date of Session Applying For: June 7-11 2010

Easter Seals Camp at Timber Pointe Outdoor Center is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, or national origin.

Please answer **ALL QUESTIONS** accurately and completely. Pages 1 & 2 are the camper profile information portion and can be completed by the applicant, parent, or guardian. Page 3 contains educational and transportation information. Page 4 must be reviewed by the applicant's physician and all areas must be completed and signed, physicals must be current (within 1 year of attending camp). Page 5 contains the consent form and must be signed by the proper individual(s).

Applicant's Name _____	Health Insurance Co. & Policy # _____
Address _____	
City, State, Zip _____	Date of Birth _____ Age _____
County _____	Weight _____ Height _____
Phone Number _____	Race _____
E-Mail Address _____	Sex: Male Female
Is the applicant a group home resident? YES NO	(If yes, please complete Section A—Group Home Information)
Is the applicant in foster care? YES NO	(If yes, please complete Section B—Foster Care Information)
How did you find out about camp? INTERNET BROCHURE PREV. CAMPER OTHER _____	

\*\*\* **ALL APPLICANTS MUST COMPLETE THIS SECTION** \*\*\*

Parent/Foster Parent/Guardian Name _____	Home Phone _____
Address _____	Work Phone (father) _____
City, State, Zip _____	(mother) _____
E-Mail Address _____	Cell Phone/Pager(father) _____
	(mother) _____

**SECTION A—GROUP/FOSTERCARE INFORMATION**

Group/Agency Name _____	Address _____	
City, State, Zip _____		
Caseworker _____	Caseworker Phone _____	
Caseworker E-Mail Address _____		
Who should be our primary contact? (CIRCLE ONE)		
Agency	Caseworker	Foster Parent

**I am requesting to send my child for a half day**

Fees: We will contact you to discuss fees for half day.

Drop of time: \_\_\_\_\_ Pick up time (must be by 3:30): \_\_\_\_\_

How are camper fees to be paid? (CIRCLE ONE)	Fee \$225.00
PARENT/GUARDIAN SELF OTHER	
Is Additional Financial Assistance being requested? YES NO	
Organization being contacted for assistance: (Circle One)	
Easter Seals Autism Society of McLean County	
(if an organization other than Easter Seals is being contacted, please list here.)	
Organization _____	
Contact Name _____	
Address _____ Phone _____	
City, State, Zip _____	
_____ \$100.00 Stipend _____ Full Scholarship	
Does the applicant receive Illinois Public Aid? YES NO	

**EMERGENCY CONTACT**  
(available during camp)

Name _____
Relationship to Applicant _____
Home Phone _____
Cell Phone/Pager _____

**Send the completed application and payment to:**

**ASMC**  
**2404 E. Empire, Suite 231**  
**Bloomington, IL 61704**

**CAMPER PROFILE**—This information will be used to ensure the applicant’s needs are adequately met. Please answer openly and completely. All information is confidential. *Use extra paper for answering if necessary.* **PLEASE COMPLETE ALL INFORMATION.**

**CONDITION**

- 1) Applicant’s primary disability (be specific, e.g. Cerebral Palsy, Down Syndrome, stroke) \_\_\_\_\_
- 2) Applicant’s level of mental retardation (Circle One)    None    Mild    Moderate    Severe    Profound
- 3) List any other disabilities \_\_\_\_\_
- 4) What supports does the applicant use?    (Circle all that apply)
 

<u>PECS</u>	Never	Sometimes	Often	Always
<u>Picture Schedules</u>	Never	Sometimes	Often	Always
<u>Assistive Communication Device</u>	Never	Sometimes	Often	Always
<u>Sensory Items</u>	Never	Sometimes	Often	Always
<u>Other</u>	Never	Sometimes	Often	Always

**SPEECH AND LANGUAGE:**

- 1) Does the applicant understand what is said to him/her?    YES    NO    If not, please describe \_\_\_\_\_
- 2) Does the applicant express his/her needs?    YES    NO  
 Please describe how the applicant makes his/her wants and needs known (e.g. sounds, one word, phrases, gestures, AugCom) \_\_\_\_\_

**BEHAVIOR:**

- 1) Has the applicant ever had a consistent behavior problem?    YES    NO    If yes, please describe \_\_\_\_\_
- Does the applicant get along well with others?    YES    NO  
 If not please describe the problem and any remedies that work \_\_\_\_\_

**TOILETING:**

- 1) Does the applicant possess independent toileting skills and control of bowel and bladder?    YES    NO  
 If no, what measures are used to assist in toileting?(Circle)    Diapers at Night    Diapers Day and Night  
    Needs Catheterization    Self Catheterization    Other (explain)
- 2) Does the applicant have any behavior-related or disruptive toilet habits?    YES    NO    If yes, please explain \_\_\_\_\_

**EATING:**

**Lunch must be provided for each child each day!**

Can the applicant feed him/herself?    YES    NO    What steps need to be taken at mealtime and/or during food preparation? \_\_\_\_\_

Please list any dietary restrictions or food allergies: \_\_\_\_\_  
 \_\_\_\_\_ My child is on a restricted diet, I will send his/her snacks along with his her lunch.

**RATIO OF CARE applicant receives at school: (Circle)**

1:1    2:1    3:1    4:1    (circle below)

*In all settings    In classroom    special events    in pull-out situations    in small groups    in large groups    highly structured activities*

**PAST EXPERIENCE:**

- 1) Is the applicant prone to wandering or running away?    YES    NO
- 2) Has the applicant attended camp before?    YES    NO  
 If yes, answer the following questions:    at Timber Pointe Outdoor Center?    \_\_\_\_\_    What year?    \_\_\_\_\_  
 Was the applicant ever sent home early or denied admission to camp?    YES    NO  
 If yes, please explain \_\_\_\_\_
- 3) Please add any information, either positive or negative, that camp personnel should know about the applicant.  
 \_\_\_\_\_

**Strategies**

Please describe strategies you use with your child for

**Calming:**

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

**Motivating:**

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

**Re-Organizing:**

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

**Transportation:**

Parents will be responsible for transporting their child to and from camp. We understand that this may prove to be difficult for many families and would like to help in the transportation efforts. If you are able and willing to help transport other campers to and from camp, please fill in the information below.

Yes I can transport another child: \_\_\_\_\_ I can transport from (town): \_\_\_\_\_

The best way to reach me is (email, cell phone, home phone) #: \_\_\_\_\_

I can drive transport another child to camp: YES NO I can transport another child from camp: YES NO

I can transport the above every day: YES NO

If no; Exceptions Being:

Monday Tuesday Wednesday Thursday Friday

**Parents Must Provide Lunch for each camper each day**

*Please include camper's name on each lunch bags and other items sent with your child*

**Please make sure your child is equipped with any necessary items they may need each day**

**All Campers will receive a Takoda Camp Shirt**

Camper Name: \_\_\_\_\_

Shirt Size: Child's S M L Adult S M L XL 2XL 3XL

*The shirt designs will include campers signatures. Please have your child write his/her name in the box below.  
First name (last name optional)*

\_\_\_\_\_

**For Questions Contact:**

David at 309-846-9468

d.warner@autismclean.org



**IMPORTANT: This Consent is for the session named: Takoda Camp Session Dates: June 7-11 2010**

**Parent/Guardian or Applicant Agreement, Consent, and Release:**

**PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING**, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your child) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent) or they will not be allowed to participate or use the facilities or equipment.

**Photographic Release**—In consideration of the furtherance of the purpose of National Easter Seals and Easter Seals Inc., I hereby grant permission to the same, to their officers, agents, and employees to take photographs or video of me (or my child) and to use my name in connection with any and all such photographs and in connection with any news release or story, and further, to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant, The Autism Society of McLean County, The Autism Program, National Easter Seals and Easter Seals Inc., the right to use these products.

**Acknowledgement of Risk or Injury Clause**—As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

**Waiver of Claim for Injury Clause**—I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against The Autism Society of McLean County, National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates.

**Release from Liability Clause**—I do hereby fully release and discharge The Autism Society of McLean County, National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program or use of the facilities or equipment.

**Indemnity and Defense Clause**—I further agree to indemnify and hold harmless and pay defense costs and defend The Autism Society of McLean County, National Easter Seals, Easter Seals Inc., and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present **written** authorization from the undersigned.

I do hereby authorize (name, address & phone) \_\_\_\_\_  
\_\_\_\_\_ to pick up the camper.

**DATE** \_\_\_\_\_ **LEGAL SIGNATURE** \_\_\_\_\_  
(Parent, Guardian, or Applicant)