



ASMC Camp Pathfinder
Easter Seals Timber Pointe Outdoor Center



Name of Session Applying for: AM Camp Pathfinder Date of Session Applying for: August 5-9, 2019

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 must be re-viewed by the applicant's physician and all areas must be completed and signed, physicals must be current (within 1 year of attending camp). Page 4 contains the consent form and must be signed by the proper individual(s).

Camper's Name: Date of Birth: Age:
Parent/Guardian Name: Email address:
Address: City: State: Zip:
Home Phone: Cell Phone (mother): Cell Phone (father):
Work Phone (mother): Work Phone (father):

Is the applicant a group home resident? YES NO (If yes, please complete Group/Foster Home Information)

Is the applicant in foster care? YES NO (If yes, please complete Group/Foster Home Information)

GROUP/FOSTER CARE INFORMATION

Group/Agency Name: Address, City, State, Zip:
Caseworker: Caseworker Phone:
Caseworker Email: Primary contact (Circle One): AGENCY CASEWORKER FOSTER PARENT

EMERGENCY CONTACT 1 (available during camp)

Name:
Relationship to Camper:
Home Phone:
Cell Phone:
Work Phone:

EMERGENCY CONTACT 2 (available during camp)

Name:
Relationship to Camper:
Home Phone:
Cell Phone:
Work Phone:

Send completed application and payment (if not already paid online) to:
Jacquie Mace
228 Martin Street
Normal, IL 61761

Must Be Received By: July 22, 2019

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 Camp Pathfinder Shirt

Camper Name as it should appear on shirt: _____

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

For Questions Contact:
Jacquie Mace – j.mace@autismmclean.org – 309.661.9440

**** You May submit a physicians or Health Department Physical Form in place of this one****

The following sections must be reviewed and signed by a physician within 12 months of the camp session. **ALL MEDICAL INFORMATION MUST BE COMPLETED AND SIGNED OR THE SECTION WILL BE RETURNED TO YOU.** This Medical Section can be sent to our office after the application, however, it must be received by our office no later than two weeks prior to the start of the camper's session.

HISTORY

- 1) How would you assess the applicant's current health? (circle) GOOD FAIR POOR
- 2) List any chronic health problems (e.g. asthma, pressure sores, cough, constipation) and treatments of which the nurse should be aware
- 3) Has there been any recent exposure to a contagious disease? YES NO If yes, please explain _____
- 4) Is the applicant a carrier of any infectious condition? YES NO If yes, please explain _____
- 5) Are the applicant's immunization records up-to-date and complete? YES NO

Please list the dates (Month/Date/Year) of the last time the applicant had the following immunizations or tests. If the applicant has not had the tests or immunizations please indicate N/A:

_____ Diphtheria, Pertussis & Tetanus (DPT)	_____ Diphtheria & Tetanus (Td) or (TD)
_____ Oral Polio	_____ Combined Measles & Rubella (MR)
_____ Combined Measles/Mumps/Rubella (MMR)	_____ Rubella (Red Measles) Live Virus Vaccine
_____ Rubella (3 day or German Measles)	_____ Mumps
_____ TB Skin test	_____ Hepatitis B

ALLERGIES:

Does the applicant have any known allergies? YES NO If yes, describe the allergies _____
If yes, describe the reactions _____

SEIZURES:

1) Does the applicant have seizures? YES NO If yes, answer the following questions:
Current Status (i.e. active, controlled) _____ Type of Seizure _____
How Often _____ Duration _____ Date of last one _____
Describe reactions before, during, and after seizure _____

RESTRICTIONS:

Has the applicant been hospitalized or treated in an emergency room recently? YES NO If yes, please explain: _____

Are there any physical conditions, past operations or injuries which should restrict his/her camp activities? YES NO
If yes, explain _____

Please circle any restricted area: Swimming Athletics Supervised Horseback Riding Other (explain) _____

(Please keep in mind that all camp activities are planned with accommodations for any physical or mental disability.)

*****PLEASE MEDICATION CHARTS*****

MEDICAL CONSENT—This section must be COMPLETELY filled in and signed by the doctor.

Date of Last Physical Exam (MUST BE WITHIN 12 MONTHS OF CAMP SESSION) _____

Physician's Name (Please Print) _____ Office Phone _____

Address _____ City, State, Zip _____

PHYSICIAN'S CONSENT AND SIGNATURE: When seen by me on this date the above named applicant was free from any contagious or infectious disease or condition and is capable of participation at camp.

Signature: _____ Date _____

IMPORTANT: This Consent is for the session named: *Pathfinder Camp*

Session Dates: August 5-9, 2019

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., or Autism McLean, 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 photo- graphs, video, news releases, and stories and grant, Autism McLean, 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 Autism McLean, 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 Autism McLean, 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 Autism McLean, 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 per- mission 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 under- signed 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.

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

LEGAL SIGNATURE _____ **DATE** _____
(Parent or Guardian)