

FOR CAMPERS REQUESTING REGIONAL CENTER SUPPORT

S.N.O.W. Camp

Vendor# HA0524 Camp Dates - February 27-March 1, 2009

- Camper will not be accepted for registration for camp until this form authorizing payment from ACRC is received
- Once form is completed and authorization is approved, submit this form to Access Leisure, 3291 Truxel Rd. #26, Sacramento, CA 95833
Attn: Jenny Yarrow

PART A- To be completed and signed by Parent/Guardian/Camper

Campers Name _____

Parents Name _____

- I am requesting Regional Center support for my son/daughter/self to attend this camp program.
- I understand that this program must be a part of her/his/my ITP/IPP.
- I understand that each day paid of camp paid for by the Regional Center, will be deducted from my "Out of Home" Respite Funds.

Parent/Guardian/Camper Signature _____ Date _____

PART B- To be completed and returned to Access Leisure 3291 Truxel Rd. #26, Sacramento, CA 95833 ATT: Jenny Yarrow by Regional Center Service Coordinator

Service Coordinator's Name _____

Regional Center Name _____

Address of Regional Center: _____

City: _____ State: _____ Zip: _____

Service Coordinator's direct phone line (____) _____

PLEASE NOTE: Out of Home Respite Days will be used for payment for Snow Camp for this individual

If you have further questions, clarifications, or concerns, please call Paula Black, Camp Registrar at 916-808-1205

Regional Center Case Manager Signature _____ Date _____

S.N.O.W. CAMP

CAMPERS CODE OF CONDUCT

1. S.N.O.W. Camp campers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of residential camps. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your counselors, volunteers, and the S.N.O.W. Camp Program.
2. All campers will display proper respect and behavior toward peers, counselors, administrators, volunteers, and the public.
3. All campers will practice appropriate conduct such as but not limited to:
 - Campers will try their best to participate in all camp activities.
 - Campers must strive to be as independent as possible.
 - Maintain a positive attitude.
 - Treat fellow campers and staff as you would like them to treat you.
 - Campers will treat equipment and lodging facility with respect.
 - Camper will follow all rules set forth by transportation personnel both prior to, during trip, and when unloading.
 - Know and follow the rules of the activities/events you are participating in.
 - Have fun!

Action to be taken if a Camper issue arises as a result of not complying with code of conduct:

1. Camp Director will confer to determine the behavior issue and discuss a reasonable solution prior to dismissal.
2. Camp Director will then discuss the issue with Camper and give the camper an opportunity to rectify the problem.
3. If the behavior persists, the camper will be informed that he or she is to be dismissed from camp.

Exception: If the behavior results in an intentional injury to self, other campers, staff or volunteers, no counseling may occur and the camper may be asked to leave without the opportunity to amend his or her behavior.

The administrators of S.N.O.W. Camp are responsible for enforcement of the Code of Conduct.

I, _____ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other campers, staff, and/or volunteers; or am disruptive to the operation of camp, staff may ask me to depart camp.

Signature

Date

Parent Signature if Camper Under 18

Date

DATE: _____

S.N.O.W. Camp Health History Form

To be completed by athlete's parent or guardian. S.N.O.W. Camp respects your right to privacy, therefore, all information provided will be strictly confidential.

Please print clearly or type.

1. Camper's Name: _____
Gender F M Age: _____ Birthdate: _____
Disability: _____
Parent/Guardian: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Fax Number: _____

2. EMERGENCY CONTACT

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to Camper: _____

3. Describe in Detail Camper's Disability: _____

4. Describe Any Significant Illnesses and/or Operations of the Camper and Indicate Month and Year:

5. Describe Any Range-of-Motion Limitation: _____

6. Specify Camper's Assistive Devices (i.e. crutches, walker, etc.): _____

7. Is the Camper Prone to Seizures: YES NO If Yes, Controlled By medication? YES NO

Type: _____ Frequency: _____ Date of Last Seizure: _____

Symptoms Camper Experiences Prior To and After a Seizure: _____

8. List All Medications Camper is Currently Taking, Along with Dosages and Frequency:

9. List Allergies and Nature of Reaction: _____

10. Explain In Detail Camper's Bowel/Bladder Program: _____

11. Explain In Detail Camper's Hygienic Needs: _____

12. Special Instructions or Additional Information: _____

13. List Any Sport/Leisure Interests of the Camper: _____

Health Examination Form for S.N.O.W. Camp must be completed by the parent/guardian AND PHYSICIAN and must be received by the Camp Registrar before start of the camp.

Name: _____ Age: _____

Disability (be specific): _____

Is Camper Covered By Medical Insurance? []Yes []No

Name of Insurance Company: _____

Insurance Plan Number: _____

***Please attach a photocopy of current Medical Card.*

Health History (*check and give appropriate dates if known*):

___ Asthma: _____

___ Arthritis: _____

___ Chicken Pox: _____

___ Diabetes: _____

Other: _____

Medication:

IS CAMPER ON MEDICATION? []Yes []No

Name(s) of medications: _____

***Camper is required to bring ample supply of all medications, with prescriptions to camp. All medicines MUST be prescribed and in their original containers (including all vitamins and herbs) and will be administered according to the doctor's written instructions.*

Diagnosis of Disabling Condition(s): _____

Height: _____ Weight: _____ Blood Pressure: _____ C.B.C. _____ Urinalysis: _____

List any remarkable conditions:

ENT: _____

Extremities: _____

Heart: _____

Posture (spine): _____

Lungs: _____

Skin: _____

Abdomen: _____

Allergies: _____

Special Diet: _____

Are there any other recommendations or special instructions regarding Camper's activity limitations?

I have examined _____ and reviewed his/her Health History.
In my opinion this Camper is physically able to engage in camp activities, except as noted. I have attached prescriptions for the Camper as needed.

EXAMING PHYSICIAN: _____
(Please type or clearly print name)

Address: _____ City: _____ St: _____
Zip: _____

Telephone Number: _____

Signature of Examining Physician: _____ Date: _____

THIS FORM MUST BE SIGNED AND DATED BY PHYSICIAN (within one year of camp start date) AND RECEIVED BY S.N.O.W. CAMP PRIOR TO START DATE

Mail To:
S.N.O.W. Camp
3291 Truxel Rd. #26
Sacramento, CA. 95833
Tel: (916) 808-6017
Fax: (916) 808-6074

MEDICATION AUTHORIZATION FORM

MEDICATION SCHEDULE INFORMATION

Prescription and over the counter medications should be in clearly marked containers listing name of person receiving medication, name of medication, dosage and time it is to be dispensed. Doctor's name should also be listed on any prescription medications. Please include directions regarding how to administer medications, side affects or restrictions associated with the medication.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Special Information</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize _____ Program staff / RN to administer the indicated medication/s to _____ at the prescribed time and in the prescribed dosage.

Signature _____ Date _____

Parent _____ Guardian _____ Caregiver _____ Conservator _____

med auth



Disabled Sports USA, Far West Participant Information 2009

Name: (Participant) _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Occupation: _____

Height: _____ Weight: _____ Date of Birth: _____ Male/Female: _____ Ethnicity: _____

If Participant is a Minor:

Guardian's Name: _____ Relationship: _____ Cell Phone: _____

Medical Information

YOUR DISABILITY: _____ How long? _____

For participants with Down Syndrome: We require an examination by a physician for Atlantoaxial Instability before participating. Physician Results/Findings: _____

Please answer the following questions. Please give explanation in space provided. Attach additional sheets if necessary.

“Does Participant...”

1. Use manual wheelchair? _____ What % of time? _____ Power wheelchair? _____ What % of time? _____

2. Need assistance operating wheelchair? _____

3. Need assistance transferring to or from wheelchair? _____

4. Walk? _____ What % of time? _____ With what kind of aid? _____

5. Wear any braces? _____ Type of brace: _____

6. Have rods stabilizing any part of spine? _____ How long: _____

7. Have any pressure sores/significant bruises? _____

8. Have seizures? _____ Type? _____ Frequency? _____ Date of last seizure? _____

Seizure management (e.g. Meds, etc.): _____

9. Have allergies (e.g. latex, bees, foods, drugs)? _____

10. Take medications we should be aware of? _____

11. Need precautions taken for any injuries or surgeries in the past 6 months? _____

12. Have any other hidden medical conditions? _____

13. Have sensitivity to cold, heat or sun? _____ Fatigue easily? _____

14. Have a respiratory condition? _____

15. Have a cardiovascular condition? _____

Please give detailed explanation in space provided. Attach additional sheets if necessary.

16. Describe communication abilities. _____

17. Describe vision and hearing abilities. _____

18. Describe behavioral tendencies. _____

19. Describe cognitive level. _____

20. How long can you be independent from medications, oxygen, etc. that you cannot have on your person? _____

21. Describe upper body: arm strength _____ grip strength _____
feeling _____ range of motion _____
22. Describe lower body: leg strength _____ feeling _____
range of motion _____ balance _____

Sport Specific Requirements: *Please initial all sports you might participate in.*

If you think any of these sports may cause you pain or injury, please consult your doctor before participating and provide us with a doctor's written release prior to participating.

Snowsports:

- ◆ Sit-down skiers weight limit is 185 lbs. Exceptions will be considered for skiers who are fully independent transferring from wheelchair to ski and loading and unloading chairlift. **Initial** _____
- ◆ While strapped in a sit-down ski you will unload the chairlift, with assistance, by dropping down as much as 2 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain this jarring. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

Water skiing:

- ◆ Wheelchair users seat cushion width may not be greater than 18". **Initial** _____
- ◆ You are able to turn face-up from a face-down floating position in the water, while wearing a life vest. **Initial** _____
- ◆ Skiers will be towed behind or along side a motorboat at speeds up to 25 mph. Should you fall, your body must be able to sustain the impact of hitting the water at these speeds. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

Whitewater rafting:

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** _____
- ◆ You are able to turn face-up from a face-down floating position in moving water, while wearing a life vest. **Initial** _____
- ◆ Your body must be able to sustain bouncing during Class III rapids and possibility falling out of the raft. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

4-wheel drive trips:

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** _____
- ◆ You will experience a bouncing motion from the vehicle driving over rough terrain. **Initial** _____
- ◆ Wheelchair users may need to be carried over inaccessible terrain. Wheelchair accessible portable toilet with privacy tent will be available. This toilet does not have handrails. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

Cycling:

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** _____
- ◆ You may be traveling at speeds up to 20 mph. Should you fall, your body must be able to sustain the impact of hitting a paved or dirt surface at these speeds. **Initial** _____
- ◆ Wearing a bike helmet and closed toe shoes is required. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

Tahoe Sports Camp or Donner Lake Campout:

- ◆ Weight limit is 185 lbs. for wheelchair users. Exceptions will be considered if you are fully independent and strong enough to **transfer down and up** about 12". **Initial** _____
- ◆ You are able to turn face-up from a face-down floating position in the water, while wearing a life vest. **Initial** _____
- ◆ If help is needed with bladder or bowel routine, attendant or family member will be present to assist. **Initial** _____

In signing below, I verify that the information above is current and accurate. I understand that the information above is confidential and will be used only by Disabled Sports USA Far West.

Printed Name

Signature

Date

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DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA FAR WEST of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) *Signature* **Date**

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent/Guardian Name (PLEASE PRINT CLEARLY) *Signature* **Date**

Emergency Contact Name: _____ **Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Disabled Sports USA Far West to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Disabled Sports event. I further agree that Disabled Sports may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Participant/Guardian Name (PLEASE PRINT CLEARLY) *Signature* **Date**