



January 1, 2017

Dear Campers and Care Providers,

Week in the Forest is an incredible opportunity for adults with developmental disabilities to experience the wonder and peace in God's Creation at Calvin Crest. From swimming at the pool, to singing songs at campfire, Week in the Forest extends an opportunity for campers to build confidence, meet new friends, and to learn more about our loving Creator. For many of our staff, Week in the Forest is their favorite week of the summer. In order to continue to offer this week for our dear friends, keeping all campers' safety and well being as our top priority, we are moving toward an application process rather than the previous registration process.

Applications must be completely and honestly filled out, documenting all known abilities and limitations. Applications that are not filled out completely will not be reviewed. Completed applications are **due no later than June 1, 2017**, so that our medical team can review applications. The medical team may reach out for clarification or questions regarding a campers' medications, behavior, etc and may ask to personally assess if a camper is a good fit for our program with a follow up meeting. In order to assess whether Calvin Crest can safely accommodate your camper, we'll need a copy of your campers' most current IPP attached with the application. Before filling out an application, please make note of the following eligibility requirements:

- Campers must be able to communicate his/her needs clearly.
- Campers must be ambulatory and able to move about without assistance on uneven terrain, such as hills, slopes, and steep walks. Campers must be able to walk ¼ mile.
- Campers must be continent, without need of adult incontinence products (adult diapers).
- Campers must be able to communicate needs without having to be asked (especially bathroom needs).
- Campers must be at least 16 years old, and at least 5 years old cognitively/developmentally.
- Campers must not have behavioral issues that would put themselves or others at risk.
- During the week, a designated care provider must be available to immediately pick up a camper if unforeseen physical or behavioral issues arise.

Our medical team may choose to make exceptions to this list, however, they must have a clear picture of your camper before making any exceptions. It is of utmost importance that we, as Calvin Crest, are able to facilitate a safe, fun week for your camper.

Once your camper's application has been approved, you will be notified by email. At that time, please submit the last page of this application, the Payment and Liability Release, verifying emergency contact information, payment information, and liability release. If you have questions about the application process, please call our office at 559-683-4450. We look forward to serving you this summer!

Sincerely,

Kirsten Gist, Registrar and David Chumley, Director of Camp Ministries

Week in the Forest Application Form 2017

Camper First Name _____ Last Name _____
Nickname _____ Male ☐ Female ☐ Birthday _____
Cognitive/Developmental Age _____ Describe the camper's disability _____
Group Home Name (if applicable) _____
Address _____
City _____ State _____ Zip _____
Mr./Mrs./ Ms. _____
Circle: Parent / Guardian / Case Worker/ Care Provider
Primary Phone _____ Secondary Phone _____
E-mail _____
Mr./Mrs./ Ms. _____
Circle: Parent / Guardian / Case Worker/ Care Provider
Primary Phone _____ Secondary Phone _____
E-mail _____
Authorized Pick Up (other than guardian)
Relationship to Camper _____
Primary Phone _____ Secondary Phone _____
Legally Restricted From Seeing Camper Case# _____
Name _____ Relationship to Camper _____

Camper's Health Information

We take the health & safety of each camper *very seriously*. We cannot properly care for your camper without this essential information. Please attach a note with any special health concerns. Incomplete sections will result in a denial of application, until completion.

Insurance Information

*****Attach a copy of your Medical Insurance Card: FRONT and BACK sides*****

Medical Insurance Company Name _____
Policy # _____
Emergency Contact (other than guardians) _____
Relationship to Camper _____
Primary Phone _____ Secondary Phone _____

Immunization Information

Are all immunizations up to date? Y ☐ N ☐ OR has a waiver of immunizations been signed? Y ☐ N ☐

Tetanus/tdap DATE __/__/__

Dietary Information

Food allergies: Y ☐ N ☐ If yes, please explain allergen and reaction: _____
Dietary Needs: Y ☐ N ☐ If yes, please explain: _____

May we give your camper Tylenol, Ibuprofen, Benadryl, or other over the counter medications as deemed necessary by camp health personnel? Y ☐ N ☐

Camper's Health Information

ASTHMA? Yes ☐ No ☐ How often is a rescue inhaler used? _____

Date of last episode ____/____/____

What factors trigger asthma (i.e. pollen, exercise, etc.) _____

Does the camper have a nebulizer? Yes ☐ No ☐ If so, please send equipment with camper.

Please make sure the camper has a **FULL** rescue inhaler to carry with them at ALL times.

DIABETES? Type 2 Diabetic Yes ☐ No ☐ Diagnosed? (Mo & Yr) ____/____

Note: Type 1 diabetes not generally accepted.

Pump? Yes ☐ No ☐

Does camper take oral medication for Type 2 diabetes? Yes ☐ No ☐

What physical symptoms does the camper exhibit with low blood sugars? _____

Does the camper have diabetic neuropathies? Yes ☐ No ☐ If yes, please explain: _____

HEART DISEASE? Yes ☐ No ☐ If yes, please explain: _____

ALLERGIES (Check all that apply and list allergen and reaction)

☐ Medications: _____

☐ Environmental: _____

☐ Other: _____

Note: If camper has life threatening allergies, it is required than an epi-pen be sent with the camper.

PHYSICAL HANDICAP? Please explain _____

SEIZURES? Please explain _____

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION: _____

Does the camper use adult incontinence products? Yes ☐ No ☐ *Campers who are regularly incontinent cannot be accepted.*

Medications

All prescription and non-prescription medications, including vitamins, must be turned into the camp nurse at Check-in. *This information will be kept confidential.* For asthmatic campers, one rescue inhaler **WILL** be kept by camper. Prescription Medications must be in the **original prescription package** and clearly labeled with the camper's name and dosage by the pharmacy. Non-prescription medications and vitamins, in their original packaging, must be labeled with the camper's name. **Weekly Pill Boxes will NOT be accepted.** We prefer unit dose blister packs.

Please list all medications below. *If more room is needed to list medications, please attach a separate sheet*

Medication	Dosage/Frequency	Condition Treated
1.		
2.		
3.		
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30.		

Camper's Personal Abilities & Limitations

What is the camper's method of communication? (If other than normal speech) _____

How does the camper communicate the need for:

Feeding _____ Bathing _____

Toileting _____ Sleeping _____

Does the camper have any behavior problems? Yes ☐ No ☐ (Please explain) _____

How does camper handle new and unfamiliar situations? _____

Does the camper get along well with others? Yes ☐ No ☐

Can the camper be harmful to self? Yes ☐ No ☐ to others? Yes ☐ No ☐ **Please call if you checked yes to either of these**

If yes, what ways have you found successful to control this behavior? _____

Is Camper able to move about without assistance over uneven terrain? Yes ☐ No ☐ Note: Our terrain is very uneven

How does camper approach and handle:

Stairs _____ Un-Even Surfaces/Slopes _____

Are there any special techniques used, or special equipment needed for:

Feeding _____ Toileting _____

Bathing _____ Sleeping _____

Walking _____ Swimming _____

Loading into Vehicles _____ Controlling behavior _____

Is there any other information you can give us about your camper to help us verify that he/she is an appropriate fit for our Week in the Forest Program? _____

PLEASE ATTACH A COPY OF MOST RECENT IPP

Send completed Applications to:

Calvin Crest Conferences c/o Registrar

45800 Calvin Crest Road

Oakhurst, CA 93644

or email calvinreg@calvincrest.com

or fax 559-683-7118 Attn: Registrar



Submit Upon Acceptance

Week in the Forest Payment and Liability Release Form

Camper Name _____

Your Name _____ Relationship to camper _____

Please verify that the following emergency contact will be available during the duration of the program (July 24-July 29).

Emergency Contact _____ Relationship to camper _____

Primary Phone _____ Secondary Phone _____

Tuition Calculator

Camper Name: _____

Session: WF5

Total Tuition Due (\$599/camper): \$ _____

Early Bird Discount is \$25 off for campers who register and pay a non-refundable deposit (\$125) by March 31, 2017. Early Bird Tuition is \$574.

Non-Refundable Deposit: \$ _____

A \$125 per session non-refundable deposit is included in the tuition and is due with this registration.

Payment Amount Enclosed: \$ _____

Balance Due: \$ _____

Final Payment is Due: June 26, 2017

Please contact the camp registrar if you are unable to meet this requirement.

Payment Information

*Please include **check** made payable to "Calvin Crest Conferences" or **credit card** information. We accept Visa, MasterCard and Discover.*

Indicate Amount to Charge \$ _____

Name on Card _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Cancellation Policy: In the event of a cancellation, a \$125 per session non-refundable deposit (included in the camp fee) will be retained. Refunds are not guaranteed for any cancellation made within two weeks prior to camp.

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PRINT NAME _____

Camper Check-In: Monday, 2-4pm

Camper Check-Out: Saturday, 9-10am

For those traveling 200 miles or more, ask about our **200 Mile Partnership** for free overnight lodging for drop-off and/or pick-up. All persons checking out a camper must be a parent or legal guardian or be listed as an Authorized Pick-Up. Photo Identification is **required** at check-out.