



Dear Campers and Care Providers,

Week in the Forest is an incredible opportunity for adults with developmental disabilities to experience the wonder and peace of God's Creation at Calvin Crest. In order for us to provide a safe and appropriate program, all prospective campers (new and returning) must submit the attached application form prior to acceptance to the program.

IMPORTANT DATES

Week in the Forest 2018 Camp Dates: Monday, July 30 – Saturday August 4, 2018

Completed Applications Due before: June 1, 2018

Early Bird Discount: \$25 off tuition per camper for applications received before March 31, 2018

Final Payment Due Date: June 25, 2018

ELEGIBILITY 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 of camp, a designated care provider must be available to immediately pick up a camper if unforeseen physical or behavioral issues arise.

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. Exceptions to requirements may be considered after phone or in-person interview. Completed applications are **due before June 1, 2018**, to allow our Medical Team to review all applications before camp start date.

APPLICATION PROCESS

Please submit the completed application, along with camper's most recent IPP, to the Camp Registrar at Calvin Crest. The application will be forwarded to our Medical Team for review. Our Medical Team may contact you via phone or email for clarifications or questions to determine if the camper is a good fit for our program. They may also request an in-person meeting as necessary. The Camp Registrar will notify you of acceptance. At that time, you may submit the Week in the Forest Payment and Liability Release Form. Because our Medical Team holds full-time employment apart from Calvin Crest, the acceptance process may 2-3 weeks.

For questions or concerns, please contact our office at 559-683-4450 or email our Camp Registrar at calvinreg@calvincrest.com.

Sincerely,

David Chumley, Director of Camp Ministries

Week in the Forest Application Form 2018

due before June 1, 2018

Camper First Name: _____ ☐ Male
Last Name: _____ ☐ Female
Nickname (if applicable): _____ Birthday: _____
Campers Disability: _____ Cognitive/Developmental Age: _____
Group Home Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Care Provider Name: _____
Relationship to Camper (circle): Parent / Guardian / Case Worker/ Care Provider
Primary Phone: _____ Secondary Phone: _____
E-mail: _____
Additional Care Provider Name: _____
Relationship to Camper (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 Name: _____
Case# _____ Relationship to Camper: _____
Camper T-Shirt Size (included in tuition):
☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ 2X ☐ 3X

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Camper's General 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 camper's Medical Insurance Card: FRONT and BACK sides*****

Medical Insurance Company Name: _____

Policy #: _____

Emergency Contact (other than guardian): _____

Relationship to Camper: _____

Primary Phone: _____ Secondary Phone: _____

Immunization Information

Are all immunizations up to date? ☐ Yes ☐ No OR has a waiver of immunizations been signed? ☐ Yes ☐ No

Date of last Tetanus: ____/____/____

General Dietary Information

Food Allergies: ☐ Yes ☐ No If yes, please explain allergen and reaction (*for life threatening allergies, provide Epi-Pen*): _____

Dietary Needs: ☐ Yes ☐ No If yes, please explain (*we are able to accommodate most vegetarian, vegan, gluten-free, and dairy-free diets*): _____

May we give camper Tylenol, Ibuprofen, Benadryl, or other over the counter medications as deemed necessary by camp health personnel? ☐ Yes ☐ No

Camper's Health Information

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

Date of last episode: ____/____/____

What factors trigger asthma (e.g. 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. 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? Please explain: _____

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 campers with **asthma**, one rescue inhaler must be kept with camper at all times. 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, including vitamins, must be in their original packing and be labeled with the camper's name. **Weekly pill Boxes will NOT be accepted.** Unit dose blister packs are preferred.

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.		
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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

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

Please attach a copy of camper's Medical Insurance Card (front and back sides)

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



Week in the Forest Payment and Liability Release Form - Submit Upon Acceptance to Program

Camper Name: _____

Your Name: _____ Relationship to Camper: _____

Please verify that the following emergency contact will be available by phone during the duration of the program (July 30-August 4, 2018). **Please note, a designated care provider must be available to immediately pick up a camper if unforeseen physical or behavioral issues arise.**

Emergency Contact: _____ Relationship to Camper: _____

Primary Phone: _____ Secondary Phone: _____

Tuition Calculator

Camper Name: _____

Session: WF6

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

Early Bird Discount is \$25 off for campers who return a completed application by March 31, 2018. 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 25, 2018

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 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. 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 acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. 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/CARE PROVIDER SIGNATURE _____

PRINT NAME _____ **DATE** _____

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/legal guardian or be listed as an Authorized Pick-Up. Photo Identification **is required** at check-out.