

Summer Camp Location: TBD

We are awaiting final approval on our location for this summer so we can not communicate yet the start and end dates and camp times, etc. until we have the location confirmed. This application will put you on the waitlist for camp and we will communicate all further details as soon as we have them available.

SUMMER CAMP APPLICATION

NOTICE: All campers are required to submit their latest IEP (or 504) and Behavior Plan (BIP) with their applications. Applications for campers without their IEP (or 504) and Behavior Plan (BIP) will not be considered.

Child's Name: _____ Birth Date: _____ Age: _____

Does your child have a Project Lifesaver Bracelet? If YES, what is the frequency: _____

Address: _____

City/State/Zip: _____

School: _____

Teacher: _____

Parent/Guardian 1: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address (required): _____

Parent/Guardian 2: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address (required): _____

Emergency Contact Person: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____

Medical Information:

Medical Diagnosis: _____

Is there a current condition or medical history of:

- A) Seizures _____
- B) Visual/Hearing Impairment _____
- C) Allergies _____
- D) Infections _____
- E) Other _____

Medications: _____

Will your child/children need medications while attending program? _____ YES _____ NO

If you checked YES please complete the "Permission to Administer Medication" page.

Diet:

Food allergies: _____

Specific diet: _____

Choking/swallowing risks: _____

Supervision:

SOS does **NOT** provide 1:1 supervision at camp. All children must be able to function in a small group.

Assistance: Please place an 'X' on the line if your child requires assistance with the following

_____ Toileting _____ Eating _____ Communication

Please explain: _____

Behavior: Please describe any behavior problems such as triggers, struggles, hitting, screaming, refusing to follow directions, self-abuse, etc. and how you would like the Program Staff to respond to such behaviors:

SUMMER CAMP TUITION POLICY

Tuition for Summer Camp is due ONLINE either in full (\$765) with your application or weekly by Thursday. **Failure to make payment by Thursday means your child will not be allowed to attend the following week.**

All payments must be made via this link: <https://soshealthcare.salsalabs.org/camp>

Please submit your application with your IEP (or 504) and BIP and the first payment of \$225 ASAP to reserve your spot. This payment includes a registration fee of \$45 and first and last weeks' tuition. **Applications submitted without IEP (or 504) and BIP (if applicable) will NOT be considered.**

You are required to pay for all weeks of camp regardless if your child is absent for any reason. Tuition may be paid for on a weekly basis at a rate of \$90 per week. Tuition for weeks 2-7 is due on Thursday. You can choose to pay the remaining balance in full at any time.

If you wish to discontinue attendance at Summer Camp, a written 2-week notice must be given to the Camp Manager.

Please sign and date below that you acknowledge and accept our payment policy.

Signature: _____ Date: _____

Print Name: _____

Initial Payment Amount (\$225 minimum due with application): _____

Payment Type: _____ Payment Date: _____

*****Speak to your case manager to apply for summer funds to assist with the cost of camp*****



MODEL RELEASE

I hereby give permission to SOS Health Care, Inc. to use my name and photographic likeness in all forms of media for advertising, trade and any other lawful purposes. I am doing so without compensation of any sort.

Camper's Name: _____

MINORS: If camper is under 18; I am the parent/legal guardian of the individual named above. I have read this release and agree to its terms.

Parent Name: _____

Parent Signature: _____ Date: _____

Camper's Signature (if over 18): _____ Date: _____

CAMP BEHAVIOR POLICY

The staff of SOS Health Care respects the dignity of the child in all their dealings with them. The children are expected to respect each other, just as the staff respects them.

Positive reinforcement is the best approach to motivate a child to appropriate behavior. Behavioral incidents will be dealt with judiciously. We always want to make sure that the safety of the children is our number one priority. In the event that a child becomes a danger to other children or his/herself, the child may be removed from the group and placed in the de-escalation room. For children who have self-injurious behaviors, the child may be restrained as well. Some behaviors may warrant removal from the camp environment. In this case, we will call you to pick up your child immediately, and he/she will be suspended for the following day. After three suspensions, SOS Health Care reserves the right to remove any child from the program if the safety of others continues to be at risk.

Parent Signature: _____ **Date:** _____

Print Name: _____

PERMISSION TO ADMINISTER MEDICATION

Child's Name: _____

Medication/Amount: _____

Prescribed by: _____

Time of distribution: _____

How is medication administered: _____

Side effects: _____

Parent/Guardian's Name (print): _____

By signing below, I authorize the staff of SOS Health Care to administer my child their medication. No other person will have access to your child's medication.

Parent/Guardian Signature: _____ **Date:** _____

**WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT FOR
TRANSPORTATION BY A SOS CARE STAFF MEMBER**

Transporting student to and from SOS CARE related activities in SOS Van by a SOS CARE staff member.

Please read this form carefully and be aware in signing this waiver for you or your minor child/ward to be transported in SOS Care Van by a SOS Care staff member and any activities associated therewith you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of being transported by SOS Care Van.

In consideration of me or my minor child/ward being allowed to be transported by SOS Care Van, I recognize and acknowledge that there are certain risks of physical injury associated with being transported by a SOS CARE staff member. I agree to assume the full risk of injuries that may be sustained by me or any minor child/ward of mine, as a result of being transported by a SOS CARE staff member and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of me or my minor child/ward that the minor child/ward may have against SOS CARE, as a result of the minor child/ward's being transported by SOS Van by a SOS CARE staff member.

I do hereby fully release and discharge SOS CARE and its officers, agents, and employees from all claims of injuries, damage, or loss which I, or any minor child/ward may have, or which may occur to, my minor child/ward on account of his/her being transported by SOS Van by a SOS CARE staff member. I further agree to indemnify and hold harmless and defend SOS CARE, its officers, agents, and employees from all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with being transported by SOS Van by a SOS CARE staff member.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT FOR TRANSPORTATION BY A SOS CARE STAFF MEMBER and release of all claims.

Name(s) of Minor, if applicable

Printed Name of Program Participant or Parent/Legal Guardian

Signature of Program Participant or Parent/Legal Guardian

Date