



Camper Application

(check one)

Spring Retreat *Summer Camp*

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P	C/NS	S
For office use only		
Retreat/Camp Dates:		

Each camper in the family must complete an individual Camper Application. Please MAIL ALL INDIVIDUAL CAMPER APPLICATIONS and your FAMILY APPLICATION to:

Red Ribbon Trails • c/o Deborah Vazquez • 53 W. Jackson #304 • Chicago, IL 60604 Fax 312/786-9203

CAMPER'S NAME

GENDER *Male* *Female* **SCHOOL GRADE** _____ **AGE AT TIME OF RETREAT** _____ **DATE OF BIRTH** _____ / _____ / _____
(circle one) Month Day Year

RACE/ETHNICITY *African American* *Asian* *Caucasian* *Latino Hispanic* *Multi-cultural* *Other*
(circle one)

EMERGENCY CONTACT

(This person should be someone who will not be attending the retreat/camp)

Area Code _____ PHONE NUMBER _____

PHYSICIAN'S NAME

(If the applicant does not have a primary physician, a primary clinic or hospital must be listed)

Area Code _____ PHONE NUMBER _____

CAMPER PROFILE

This information will be used to determine whether the applicant's needs may be met adequately. Retreat/Camp personnel will also use this information in best meeting the applicant's needs while at the retreat/camp. Please be as open and complete as you can in answering questions. All information is confidential. Attach an extra sheet of paper if necessary.

PHYSICAL CONDITION

- 1) Limitations on Activities: _____
- 2) Special Equipment Used: _____
- 3) Special Accommodations: _____
- 4) Disabilities (developmental, emotional, or physical): _____

MEDICAL HISTORY

The following information is mandatory. Applicants without up to date immunizations will not be invited to participate at the retreat/camp. Please contact your case manager for assistance in gathering medical history information.

- 1) Are the applicant's immunization records up to date and complete? (please circle one) **YES** **NO**
- 2) Date of last tetanus shot: _____ / _____ Red Ribbon Trails recommends that all attendees have had a tetanus shot within the last 10 years or receive a booster before attending a Red Ribbon Trails event.
Month Year
- 3) Date of last TB Test: _____ / _____ Test Results (please circle one) **POSITIVE** **NEGATIVE**
Month Year TB Tests are recommend but not required

Red Ribbon Trails recommends all attendees to have been tested for TB within the last year. Those who have tested positive for TB in the past must provide a letter, (dated within the last year), from their physician advising of their TB status and their ability to attend and/or work at a retreat/camp with immune comprised attendees, including HIV+ persons, to attend Red Ribbon Trails events.

4) List any chronic health problems (e.g. asthma, seizures, cough) and treatments of which Red Ribbon Trails should be aware:

5) Camper's HIV Status: (please circle one)

Asymptomatic HIV *Symptomatic HIV* *AIDS* *Negative*

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CAMPER'S NAME

ALLERGIES:

1) Does the applicant have any known allergies? *(please circle one)* **YES** **NO**

If **YES**, describe the allergies: _____

MEDICATIONS

1) Please list any **Prescribed Medications** taken: _____

2) Will the camper be bringing any medication that will require refrigeration? *(please circle one)* **YES** **NO**

BEHAVIOR

1) Please describe any behavioral or emotional problems that the camper is experiencing such as unusual aggression, anger, mood swings, depression, or social awkwardness: _____

2) How should any of these behavioral or emotional problems be addressed? What words are used?

EATING HABITS

1) Please list any dietary restrictions, needs, or food allergies: _____

PAST CAMPING EXPERIENCE

(please circle one)

1) Is the applicant prone to wandering or running away? **YES** **NO**

2) Has the applicant attended a Red Ribbon Trails retreat/camp before? **YES** **NO**

3) Has the applicant ever been sent home early or denied admission to a retreat/camp? **YES** **NO**

If **YES**, please explain: _____

4) What is the applicant's level of swimming? *(please circle one)* **Beginner** **Intermediate** **Experienced**

5) Has the applicant ever had swimming lessons? *(please circle one)* **YES** **NO**

If **YES**, how many years? _____

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CAMPER'S NAME

If the applicant named above is under the age of 18, all initials and legal signature must be signed by their Parent/Legal Guardian.

PARENT / GUARDIAN OR APPLICANT AGREEMENT, CONSENT AND RELEASE

Please read this section carefully, 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 of property damage that you might sustain arising in any manner out of this program or the use of the facilities or equipment. **Important: Retreat/Camp sponsors and staff cannot guarantee the confidentiality of any camper's HIV/AIDS status.** This section must be filled out and signed by each participant or the participant's Parent/Legal Guardian or they will not be allowed to participate or use the facilities or equipment.

Applicant's or Parent's/Guardian's Initials _____

Acknowledgement of Risk of Injury Clause – As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damage, or loss of which I (or my child) may sustain as a result of participating in any and all activities connected with such programs, or the use of equipment.

Applicant's or Parent's/Guardian's Initials _____

Waiver of Claim for Injury – I agree to 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 the Families' and Children's AIDS Network (FCAN), Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, LSC and Associates, State CARE Consortia, and their officers, agents, servants, employees, and affiliates.

Applicant's or Parent's/Guardian's Initials _____

Release from Liability Clause – I do hereby release and discharge the Families and Children's AIDS Network (FCAN), Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, LSC and Associates, State CARE Consortia, and their officers, agents, servants, employees, and affiliates from any and all claims of injury, including death, damages, property damage, or loss which may in the future accrue me (or my child) on the account of participation in the program or use of the facilities or equipment.

Applicant's or Parent's/Guardian's Initials _____

Indemnity and Defense Clause – I further agree to indemnify and hold harmless and pay defense costs and defend the Families' and Children's AIDS Network (FCAN), Easter Seals UCP/Timber Pointe Outdoor Center, Illinois Department of Public Health, LSC and Associates, State CARE Consortia, 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.

Applicant's or Parent's/Guardian's Initials _____

The undersigned, in case of emergency and in the event the participant's emergency contact, or the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Red Ribbon Trails Project Coordinator. Such permission shall include any and all medical treatment that is necessary or desirable in the absolute discretion of such physician or hospital. The undersigned recognizes the right of the Red Ribbon Trails Project Coordinator in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary actions or medical conditions that might jeopardize the camper's or other participant's health and safety at the retreat/camp.

Date _____ **Signature** _____

(Applicant or Parent/Guardian)