

2022 Camp Sp'Arc Registration

General Information

Camper Name: _____ **Age:** _____ **D.O.B** _____

Primary Disability or Health Condition: _____

Gender: Male or Female **Camper Weight:** _____ **Camper Height:** _____

Mailing Address: _____

Camper cell number: *(if applicable)* _____

Camper Email: *(if applicable)* _____

Parent/Guardian Information

Parent / Guardian Name: _____

Address: *(if different from above)* _____

Cell Phone: _____ **Work Phone:** _____

Parent Email: _____

Parent / Guardian Name: _____

Address: *(if different from above)* _____

Cell Phone: _____ **Work Phone:** _____

Parent Email: _____

In Case of Emergency

Primary ICE Name: _____ **ICE Relationship:** _____

ICE Phone: _____

Secondary ICE Name: _____ **ICE Relationship:** _____

ICE Phone: _____



The Arc

Northern Chesapeake Region

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Questions for camper:

My Name is _____ . I am _____ years old.

My favorite game: _____

My favorite color: _____

My favorite season: _____

My favorite sport: _____

My favorite movie: _____

My favorite song: _____

My favorite TV show: _____

My favorite place to go: _____

My favorite holiday: _____

My favorite animal: _____

My favorite thing to do: _____

My favorite thing to talk about: _____

I know a lot about: _____

Things I don't like:

Things that bother me:

Harford County Office
4513 Philadelphia Road | Aberdeen, MD 21001
P: 410-836-7177 | F: 410-893-3909
www.arcncr.org

The Arc NCR empowers people with differing abilities to live, work and thrive in the community.



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Camp Logistics

Camp Location: The Lutheran Church of the Good Shepherd
1515 Emmorton Road
Bel Air, MD 21014

Camp Time: Drop off - 8:00 a.m. - 8:30 a.m.
Camp Activities – 8:30 a.m.- 3:00 p.m.
Pick up – 3:00-3:30 p.m. (Late fee of \$1.00 per minute after 3:30pm)

Every week we will have field trips and visitors to camp that relate to the theme of the week. Once you register you will receive a camp schedule and camp orientation information.

Camp Dates and Themes: (check the week(s) planning to attend)

- Sports Week, August 1-5**
- Animals Week, August 8-12**
- Arts Week, August 15-19**

T-Shirt: The cost of one shirt is included in the camp registration. Please check one size.
(Additional shirts can be purchased at camp for \$10) Adult sizes

- Extra small
- Small
- Medium
- Large
- X Large
- XX Large
- Other: _____

Number of additional shirts needed: _____

Camp Cost: \$600 per week*
A \$150 per week nonrefundable deposit is due with registration
\$175 nursing fee if camper needs any medication while at camp (one fee covers multiple weeks)
*Additional charges may apply if camper needs 1:1 paid staff at camp.

Payment:

CHECK

To pay by check, mail check to:
The Arc Northern Chesapeake Region
4513 Philadelphia Road,
Aberdeen, MD 21001

Check # _____
Check Amount \$ _____
Date _____

ONLINE

To pay online, visit
arcncr.org/donate

Click the Family Support Services option, then enter payment amount and information.

OTHER FUNDING

I am using funding from _____
to pay for camp.

If you are using LISS funding, you must provide a copy of your LISS approval letter.

If you need funding, or have questions about payment, please reach out to fss@arcncr.org for information.

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About Your Camper

The following information will be used to help coordinate activities and transitions to best accommodate each camper. Please feel free to add an additional page if necessary.

Please check all answers that apply:

Does the camper have a current behavioral intervention plan (BIP)? YES NO

If yes, please provide a copy of the current BIP. We will use it as a guide while at camp.

Please list any antecedents that you are aware of about the camper (things that can spark a behavior challenge)
EX: dog barking, police officer, large group, sirens, someone crying, etc.:

Daily Activities:

Will this camper need a one-on-one **specifically trained** staff throughout the day? YES NO

*Each camper will get a volunteer “buddy” to assist them every day, but they won’t have extensive training specific to your child. 1:1 specifically trained staff may be available for an extra fee.

Eating:

Campers bring their own lunch; however, mealtime will be monitored and some activities include lunch or edible treats.

Food allergies: YES NO

If yes, please specify:

Special Diet: YES NO

If yes, please specify:



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Eating assistance required: YES NO
If yes, please specify:

Camper uses a feeding tube: YES NO
If yes, please specify:

Mobility:

Uses a wheelchair: YES NO
If yes, please specify:

Uses a walker: YES NO
If yes, please specify:

Restriction on walking or running: YES NO
If yes, please specify:

Communication Abilities:

Camper clearly communicates verbally and is easily understood: YES NO
If no, please specify:

Camper uses sign language: YES NO
If yes, please specify:

Camper uses a communication device & or other modes to communicate: YES NO
If yes, please specify:

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Hearing Impaired:

Camper has a hearing impairment: YES NO

If yes, please specify:

Camper uses a hearing aid: YES NO

If yes, please specify:

Can the hearing aid get wet: YES NO

Vision:

Camper has a visual impairment: YES NO

If yes, please specify:

Swimming:

Camper has permission to swim and get into pool: YES NO

Camper can use any type of sunscreen: YES NO

If no please send camper with sunscreen labeled with their name.

Parent Signature: _____

Camper has a fear of water: YES NO

Camper will venture beyond physical abilities: YES NO

Camper can swim in water over head: YES NO

If yes, please specify:

Camper is bathroom accountable: YES NO

If no, the camper must wear a swim pull-up while in the pool (not provided by The Arc NCR.)

Toileting and Changing:

Camper is completely independent: YES NO

If no, please answer the following questions.

Camper needs assistance in the bathroom: YES NO

If yes, please specify: _____

Camper needs assistance changing: YES NO

If yes, please specify: _____

Camper needs assistance washing hands: YES NO

If yes, please specify: _____

Camper needs assistance with feminine products: YES NO

If yes, please specify: _____

Animal Related:

Camper fears animals: YES NO

If yes, please specify:

Camper is allergic to animals or odor: YES NO

If yes, please specify:

Camper shows aggression towards animals: YES NO

If yes, please specify:

Camper understands hygiene boundaries with animals: YES NO

If no, please specify:

Medication:

Camper takes medication daily: YES NO

If yes, please specify:

Camper will need medication while at camp: YES NO

If yes, please specify: (must complete Dr. order form)

Seizure Information:

Type of seizures: _____

Frequency: _____

Duration: _____ 911 if longer than: _____

Date of last seizure: _____

Observed behaviors prior: _____

Camper reaction after seizure: _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

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Field Trip & Transportation Release:

I give permission for my child to be transported offsite for any and all activities under the supervision of The Arc NCR Camp Sp'Arc. I understand that transportation includes bus transportation off site via school bus for the trip of the day.

Camper can and will stay seated on a school bus: YES NO

Parent/Guardian Signature

Date

Enrollment Agreement:

1. The camper and parent/guardian agree to abide by the rules and regulations set by The Arc NCR / Camp Sp'Arc for the health, safety and welfare of all campers, staff, and volunteers.
2. The Arc NCR / Camp Sp'Arc is not responsible for any personal belongings while at camp, or in transit whether by loss, theft, fire or any other means.
3. The Arc NCR / Camp Sp'Arc reserves the right to deny, cancel, sever or suspend a camper's enrollment if deemed for the best interest of the camper/the camp, in which case no refund will be issued for the unused time.
4. Parent signature further gives permission for the camper to participate in special programs and activities, including field trips, visitors and other camp related activities.
5. No refunds will be made for partial or unused day(s), canceled or unattended week(s).
6. In the event of injury or accident I request the necessary measures be instituted without delay as judgement of the medical personnel dictates.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

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Health Information:

Please provide information on any and all medical conditions, psychological conditions, behavior conditions, medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure your child's camp experience is positive. (See and complete attached health and medication forms.)

Acknowledgement, Liability, Assumption of Risk, Indemnification, and Release

Liability:

Each camper of The Arc NCR / Camp Sp'Arc shall be personally liable for any personal injury caused by the camper, the camper's family or guest. Any camper who causes personal injury or damages any apparatus, equipment, facilities or programs at the camp or camp facilities shall promptly pay The Arc NCR/Camp Sp'Arc for any property damage after your presentation of statement.

Assumption of Risk:

The use of the swimming pool, any apparatus, equipment facilities, or services operated by The Arc NCR/Camp Sp'Arc is undertaken by the camper, camper's family or guest at such person's own risk, and The Arc NCR/Camp Sp'Arc should not be held liable for any injuries, death, or damage to any such person, to the property of such person, or be subject to any claims, demands, or damages resulting from such use. Nothing contained herein shall relieve The Arc NCR/Camp Sp'Arc for gross negligence or willful misconduct.

Indemnification:

Each camper agrees to indemnify, hold The Arc NCR/Camp Sp'Arc and its agents and employees, free and harmless from all connections with the use of a swimming pool and apparatus, equipment, facilities, and services of The Arc NCR/Camp Sp'Arc.

Release:

Each camper hereby releases The Arc NCR/Camp Sp'Arc from all damages, suits, liability costs and expenses incurred in connection with the use of the swimming pool or equipment. Binding effect: the above provisions are binding upon the camper, the camper's personal representative, successors or assigns. By signing below the Camper or their guardian recognizes the possibility of physical injury while at The Arc NCR / Camp Sp'Arc's programs and activities.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

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I hereby release, and discharge The Arc NCR/Camp Sp'Arc, their league, administrators, employees, instructors, agent, principles, sponsors, and The Lutheran Church of the Good Shepherd and all associated personnel against any claim by or on behalf of the participant named above.

My child has received a physical examination from a physician and has been found physically capable of participating in the program. Therefore, I give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, etc. under the direction of The Arc NCR/Camp Sp'Arc and or my child is representative, until such time as I may be contacted.

I also hereby assume responsibility for payment of any such treatment if I am not on the premises and an injury should occur that requires immediate medical attention. I give my permission to have my child transported by ambulance to the nearest hospital for medical care.

Camper Name (printed)

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)