

# 15<sup>th</sup> Annual Camp Transition 16-22/ Adult 22+

Camper Name: \_\_\_\_\_



## General Information

Participant Name	Birth Date	Age	School Attending	Grade
Participant Cell Phone #	Participant Email Address (Camper 16+ if available – not required)			
During school, does your camper have a one-on-one aide?			<input type="radio"/> Yes	<input type="radio"/> No
During school, does your camper require the regular care of a nurse?			<input type="radio"/> Yes	<input type="radio"/> No
Is your camper toilet trained?			<input type="radio"/> Yes	<input type="radio"/> No

## Parent/Guardian Information / Self

Mother/Guardian's Name	Address	City	Zip Code	Cell Phone
Fathers/Guardian's Name	Address	City	Zip Code	Cell Phone
Home Phone Number	Guardian Email Address			

## Physician Information

Name of Primary Care Physician	Address	Phone
Name of Specialist	Address	Phone
Name of Dentist	Address	Phone

## Emergency Information

If we cannot locate a parent/legal guardian in an emergency, please list two people that we can contact that can authorize any emergency treatment for your dependent. Insurance information helps facilitate the billing in your absence. Please provide us with your Insurance information in the event of an emergency.

Authorized Name	Relationship	Daytime Phone(s)
Authorized Name	Relationship	Daytime Phone(s)
Name of Person with Insurance Benefits	Name of Insurance Provider	Policy/Group Number

## Dietary, Medications & Illnesses

Medications, dietary restrictions, allergies and chronic illnesses must be disclosed on application:

Medications: \_\_\_\_\_

Dosage/Schedule: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Camper Name: \_\_\_\_\_

### Allergies

Food Allergies (*describe allergy what happens*): \_\_\_\_\_  
\_\_\_\_\_

Medication Allergies (*describe allergy what happens*): \_\_\_\_\_  
\_\_\_\_\_

Other Allergies (*describe allergy what happens*): \_\_\_\_\_  
\_\_\_\_\_

### Emergency Response Information

How does your child communicate? (please describe) \_\_\_\_\_  
\_\_\_\_\_

Would the child be able to communicate his name, address, and telephone number in high stress situation? \_\_\_\_\_  
\_\_\_\_\_

Does the child have an accurate sense of danger? \_\_\_\_\_

Does the child have any other medical conditions or is she/he taking any medications? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe anything that might be helpful to emergency personnel (police, fire, EMT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Form Signature

In the event of any emergency, I authorize contact with and release of Physician and Emergency Information and authorize treatment from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I certify that I am the parent or legal guardian of participant name below; i have read and fully understand the consent for release of medical information and/or emergency medical treatment and do hereby consent voluntarily and without reservation to all activities provided for herein.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name                      Parent/Legal Guardian Signature                      Date

### Authorized Pick Up Information

Should your participant become ill during Camp, please list four people who you would authorize to pick up your participant from the Program. Please remember to include yourself, spouse, family members, etc. Please note that a photo ID must be presented to the Camp Staff before your minor participant will be released. Participants WILL NOT be released to any person not listed on the Authorization Form.

Authorized Name	Relationship	Daytime Phone(s)
_____	_____	_____
_____	_____	_____

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Camper Name: \_\_\_\_\_



## Enrollment: (Please select the sessions your camper will attend):

- Transition 16-22:**    Age 16-22            July 22–26, 2024            8:30 AM – 1:30 pm
- Adult 22+:**            Age 16+                    July 22–26, 2024            8:30 AM – 1:30 pm
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## Additional Fees:

- Additional fees may apply if additional staff is needed to support camper.

## Payment

- Cash    Check (*payable to STAR Camp*)    NEON Funding    Other: \_\_\_\_\_
- Coming Soon: Online payments (*see website and Facebook for online payment information*)
- County Board of Developmental Disability (attach Approval form)
- ESY through School District (attached Approval form - Transition Only)

T-shirt Size:    Adult     Child    Select One:  XS    S    M    L    XL    XXL    XXXL

Payments must be received by **June 1, 2024**. A copy of the campers IEP **MUST** be included with the application. Questions? Please contact the age appropriate camp director listed below or email us at: [starsummercamp2021@gmail.com](mailto:starsummercamp2021@gmail.com).

## Photograph/Video Release:

I hereby consent to the S.T.A.R Camp and The City of Independence to reproduce photographs or videos of my child for publicity or advertising purposes.

## Notice on Medication:

Please be aware that medication CANNOT be administered at STAR camp.

Camper Name: \_\_\_\_\_

## Waiver & Release of Claims

It is expressly agreed that all use of the City of Independence, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence in conjunction with S.T.A.R. Camp including its board members, sponsors, employees, independent contractors, teachers and student aides shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence, S.T.A.R. Camp, its board members, sponsors, employees, independent contractors, teachers and student aides shall not be liable for injuries or any damages to me, or my child, or my legal ward, or to any of my property, or my child's property, or my legal ward's property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, their employees, agents, representatives, officials, or Board Members in conjunction with S.T.A.R. Camp, its board members, sponsors, employees, independent contractors, teachers and student aides. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release discharge the City of Independence, their employees, officials, agents, board members, assigns and or successors, S.T.A.R. Camp, including its board members, sponsors, employees, independent contractors, teachers and student aides assigns and or successors from all such claims, demands, injuries, damages, actions or cause of actions whatsoever.

The undersigned further expressly agree(s) that the foregoing WAIVER & RELEASE OF CLAIMS is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, shall survive the observation, use or participation of the facilities, programs vehicles and equipment by the child/person attending listed below, and that if any provision of this release form, or portion thereof, is held invalid or unenforceable, it is agreed that the balance shall continue in full force and effect.

## Enrollment Form Signature

I certify that I am the parent or legal guardian of the attending child/person named above; that I have read and fully understand this Waiver & Release of Claims, and do hereby consent voluntarily and without reservation to its terms.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name                      Parent/Legal Guardian Signature                      Date

**Send completed information with the IEP and Camp Registration Fee by June 1, 2024 to:**

S.T.A.R. Camp, P.O. Box 41066 Brecksville, OH 44141

Or email to: [starsummercamp2021@gmail.com](mailto:starsummercamp2021@gmail.com)