

Mail form & fees to:
Evans Creek Retreat
PO BOX 532
Stayton, Oregon 97383

2022 Camper Application Up Camp at Evans Creek

Questions: 1-503-897-3728
www.evanscreekretreat.com



Camper Name: _____ **Birth Date:** _____

Overnight Camp Sessions \$850. Each camp session offers five days and four nights at Evans Creek Retreat near Lyons, Oregon. Sessions are specifically designed for persons ages seven and older with physical or cognitive challenges. Sessions are private pay only. Scholarships may be available through Easter Seals of Oregon. For more information, please email Muskrat@evanscreekretreat.com or contact_camp@or.easterseals.com

Choose Session or Multiple Sessions

- Age 10-26 **Easter Seals Only. Make application w/ESO.** Sun. July 10 – Thurs. July 14 Ratio: 3:1 staff member
All over 21 **Easter Seals Only. Make application w/ESO.** Sun. July 17 - Thurs. July 21 Ratio: 3 1 staff member
- All over 12 Sunday. July 3 – Thurs. July 7 Supervision ratio: 3 campers per 1 staff member
 All over 21 Sun. July 24 – Thurs. July 28 Supervision ratio: 3 campers per 1 staff member
 All over 12 Mon. Aug. 1 - Fri. Aug 5 Supervision ratio: 3 campers per 1 staff member
 All over 21 Mon. Aug. 8 - Fri. Aug 12 Supervision ratio: 3 campers per 1 staff member

Are you planning to attend camp with a friend? Friend's Name: _____

Bunk: Shared tent with three or more of same gender. All beds have a mattress. I prefer to bring my own tent.

COVID: ♦ I recognize that State Covid Protocols may require all participants to wear a mask and keep 6' social distancing when indoors ♦ I recognize that it may be required pre-camp to prove a negative Covid test, 14-day pre-camp temperature data, proof of vaccination or written request for religious or medical waiver of vaccination.

FIRE: I understand that the September 2020 Beachie Creek Fire destroyed all Evans Creek's buildings and the summer 2022 will be more rustic. There may be no buildings. There are tents, covered areas for group gatherings and toilet, shower and handwashing facilities. There will be heat, ventilation, and fans in tent accommodations.

T-Shirt Size

One Camp T-Shirt is provided. Please indicate size needed: Adult _____ Child _____

Camp Activities: Camp is the place to be for fun and making new friends. At camp participants learn new skills and celebrate being a part of a caring community. Campers choose from a wide range of activities. Please check activities of interest:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Drama/Skits/Puppetry | <input type="checkbox"/> Fishing | <input type="checkbox"/> Paddle Boating |
| <input type="checkbox"/> Stargazing | <input type="checkbox"/> Archery | <input type="checkbox"/> Hiking/Walking | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Music/Singing | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Nature Study |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Gold Panning | <input type="checkbox"/> Water Fight | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Puzzles/Games | <input type="checkbox"/> Mini-golf | <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Tie Dye/Leather Craft |
| <input type="checkbox"/> Campfire Cooking | <input type="checkbox"/> Sleeping Outside | <input type="checkbox"/> Making Friends | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Listening to Stories | <input type="checkbox"/> Plant Care/Gardening | <input type="checkbox"/> Field Games | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Wheelchair Swing | <input type="checkbox"/> Scavenger Hunt | <input type="checkbox"/> Creating Journals |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Swimming in River | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Adventure Trail |
| <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Bible Study/Christian Fellowship/Prayer/Worship (non-specific denomination) | | |

Camper's favorite indoor activity at home: _____

Camper's favorite outdoor activity: _____

Other athletic activities: _____

PLEASE INCLUDE A PICTURE OF CAMPER WITH THE APPLICATION.

This confidential application must be completed in FULL. Incomplete applications will be returned and may delay processing for available spots. Sessions are limited to 25 persons.

Camper Information		
First Name:	Last Name:	
Mailing Address:		
City:	State/Zip:	County:
Birth date:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Hm. Phone:	Cell:	Email:
Group Home (if applicable):		Facility Director:
Custody Status: <input type="checkbox"/> Independent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Insurance:	Policy #:	Group #:
Medicare #	Medicaid #:	Social Sec. #:
<input type="checkbox"/> Previously attended Camp at Evans Creek, YR _____ <input type="checkbox"/> New to Evans Creek Retreat		<input type="checkbox"/> Previously attended another Camp. YR __ _____ Camp Name: _____
<input type="checkbox"/> Private Pay/Fees enclosed w/application: \$ _____		<input type="checkbox"/> Scholarship applicant through Easter Seals of Oregon
Referral Source (if applicable): Name _____ Agency _____		

Parent(s) or Guardian Information	Is this camper their own guardian? _____	
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Email:
Address & City:		State/Zip:
First Name:	Last Name:	Work Phone:
Hm. Phone:	Cell:	Email:
How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
If parents are divorced, who has custody during camper's time at camp?		
Is either parent or guardian currently or formerly employed by the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact - In case of emergency, the guardian will be contacted first. Please list two different emergency contacts in case the primary contact is not immediately available. These individuals MUST know the applicant and have permission to pick up applicant at camp, if needed.		
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Work Phone:
First Name:	Last Name:	Relationship:
Hm. Phone:	Cell:	Work Phone:

Employment Activities: Tell us about your job or how you spend your day.	
Name of Employer:	
Job role or duties:	
Would you be interested in learning more adult life skills, or attending Leadership Camp in the spring?	
Personal Support Worker Contact Information	
Agency Name: _____	Email: _____
Case Worker: _____	Phone: _____
	Fax: _____

Diagnosis Information		Camper Name:	
Primary Diagnosis:			
Cognitive/Social Abilities – please check all that apply		Physical Disability – please check all that apply	
<input type="checkbox"/> Mental Disability (check one) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe & Profound <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Attention Deficit Hyperactive Disorder		<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Head Injury Visual: <input type="checkbox"/> Blind <input type="checkbox"/> Some Sight <input type="checkbox"/> Glasses Hearing: <input type="checkbox"/> Deaf <input type="checkbox"/> Some Hearing <input type="checkbox"/> Hearing Aids Other Physical Disability: _____	
Seizures: <input type="checkbox"/> Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> Other _____ VNS <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ Duration: _____ Date of last seizure: _____			

Camper Mobility: I = Independent MA = Minimal Assistance CA = Complete Assistance				
Check one for each applicable area	I	MA	CA	Mobility Aids (List - walker, braces, crutches, etc.) Wheelchair required for long distances? <input type="checkbox"/> Yes <input type="checkbox"/> No
Walking				
Gross motor skills				Wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Power
Mobility in wheelchair				Wheelchair transfer method: <input type="checkbox"/> Stand/Pivot <input type="checkbox"/> Non-weight bearing (2 person)
Wheelchair transfers				Comments/suggestions:

Personal Care Needs: I = Independent MA = Minimal Assistance CA = Complete Assistance								
Cabin Care				Mealtime: <i>Advise of all eating issues prior to arrival.</i>				
Check one for each	I	MA	CA	Check one for each	I	MA	CA	
Dressing				Appropriate portion taking				
Brushing teeth				Cutting food				
Washing hands/face				Food to mouth				
Showering				Drinking from cup				
Toileting				<input type="checkbox"/> Pureed food <input type="checkbox"/> Chopped food <input type="checkbox"/> Thickened liquids <input type="checkbox"/> # Calories _____ <input type="checkbox"/> Low Salt <input type="checkbox"/> Low Sugar <input type="checkbox"/> Special diet (please Explain): _____ <input type="checkbox"/> Special utensils: _____ <input type="checkbox"/> Problem foods: _____ <input type="checkbox"/> Chewing disorder/missing teeth <input type="checkbox"/> Dysphasia <input type="checkbox"/> Food restrictions: _____ <input type="checkbox"/> Other mealtime needs: _____				
Female menstrual needs				<i>If camper does NOT have dietary health needs & chooses to NOT eat camp food, caregivers are responsible for providing meals & snacks for the camper.</i>				
Bladder & Bowel Control <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Needs Reminders <input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent at night Schedule: _____ Toileting Aids Used (please bring to camp) <input type="checkbox"/> Attends <input type="checkbox"/> Catheter - Type: _____ <input type="checkbox"/> Urinal <input type="checkbox"/> Other: _____ Toileting comments/suggestions: _____								
Sleeping <input type="checkbox"/> Awaken at night for restroom: _____ times <input type="checkbox"/> Difficulty (explain) _____ <input type="checkbox"/> Needs bedrails <input type="checkbox"/> Turned at night: _____ times Has camper slept in a group environment? <input type="checkbox"/> Yes <input type="checkbox"/> No CPAP Machine? <input type="checkbox"/> Yes <input type="checkbox"/> No Sleeping comments/suggestions: _____				Allergies Please list and explain all known food allergies: _____ _____ Non-food allergies: _____ _____ Describe reactions: _____ _____				

Supervision Does camper require 1:1 total care and/or supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____	Communication Will camper clearly communicate wants/needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> Sign Language <input type="checkbox"/> Talks <input type="checkbox"/> Gestures <input type="checkbox"/> Communication System Communication Comments/suggestions: _____ _____
Medications: Prescribed Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medication 1-2X daily: <input type="checkbox"/> Medications 3-4X daily: <input type="checkbox"/> Medication <4X daily: <input type="checkbox"/> Medication < 6 AM or > 10 PM: <input type="checkbox"/> Nebulizer: Special Protocols: _____	Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diet Controlled: <input type="checkbox"/> Insulin Controlled: Testing Time(s) _____ Average Blood Glucose _____ <input type="checkbox"/> Camper independently manages CBG testing <input type="checkbox"/> Camper independently manages insulin injections (with staff supervision)
Fears: <input type="checkbox"/> Water <input type="checkbox"/> Animals <input type="checkbox"/> Falling <input type="checkbox"/> Dark <input type="checkbox"/> Height <input type="checkbox"/> People/Crowds Other: _____ _____	Tobacco Products: <input type="checkbox"/> None: <input type="checkbox"/> Chews: <input type="checkbox"/> Smokes Tobacco Products: <input type="checkbox"/> Responsible for Smoking Safety <input type="checkbox"/> Describe Assistance/Monitoring: _____ _____
Behavior: Please check any behavior patterns that apply	
<input type="checkbox"/> Happy-Go-Lucky <input type="checkbox"/> Helpful <input type="checkbox"/> Wanders <input type="checkbox"/> Cautious <input type="checkbox"/> Withdrawn/Shy <input type="checkbox"/> Interacts well w/others <input type="checkbox"/> Yells/screams	
<input type="checkbox"/> Physically aggressive, please describe: _____ _____	
<input type="checkbox"/> Self-abusive, please describe: _____ _____	
<input type="checkbox"/> Attention-seeking, please describe: _____ _____	
When do these behaviors occur? Is there a common trigger for these behaviors? _____ _____	
Suggest specific techniques for dealing with the camper's behavior: _____ _____	
Does the camper require physical management? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain. _____ _____	
Describe any special interests or activities: _____ _____	What would make camp a successful experience for this camper? _____ _____
Additional comments or other information to assist in camper care: _____ _____	
In compliance with current Evans Creek Camper Enrollment Criteria, Campers who are abusive to self, others, and/or properties may not be considered appropriate for acceptance into overnight programs. Campers with a history of physically or sexually aggressive behavior or who exhibit such behaviors while in attendance may be dismissed from the program immediately. NOTE: At director's discretion, a private personal attendant may be required to accompany and manage the behavior or personal care of any camper whose needs exceed the limits of our eligibility policy.	

Person completing this form: _____ Relationship: _____
Camper Name: _____ Length of time known: _____

Camp Activities	Camper Name: _____
Please check all activities in which the camper may <u>NOT</u> participate:	
<input type="checkbox"/> Swimming <input type="checkbox"/> Boating/Fishing <input type="checkbox"/> Archery <input type="checkbox"/> Horse/Pony Rides Primary Reason: _____	
Additional Comments: _____	
Other Activity Restrictions: _____	

Public Information

In consideration of participation in Up Camp, Evans Creek Retreat activities, I hereby consent to the use of any film/videotape/sound recording made of _____ (Camper's Name), by Evans Creek Retreat and irrevocably assign all rights in the same to Evans Creek Retreat, and those acting with its permission, for the purpose of illustration, publication, and/or broadcast in connection with the work, advertising, and promotion of Evans Creek Retreat. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

X _____
Signature of Parent, Legal Guardian, or Independent Adult Camper Date

Acknowledgement

I have read and understand this application. It is correct to the best of my knowledge, and the applicant described herein has permission to engage in all programs activities *except as noted*. I understand that omitting or falsifying information may compromise planning for the success of this camper and may lead to disqualifying the camper from attendance. In further consideration for acceptance, I hereby release and waive any claim, cause, or action which may accrue against Evans Creek Retreat arising from participation in any camp activity approved by any of said persons.

X _____
Signature of Parent, Legal Guardian, or Independent Adult Camper Date

Physicals and MARS

A copy of current medication list or medication administration record will be necessary before participation. Evans Creek Retreat continues to provide programs accredited by the American Camping Association, a national organization that defines the standards for quality camp experiences. To meet accreditation standards, it is necessary for Evans Creek Retreat (ECR) to have a copy of the most recent camper physical on file at camp. Current health information is an essential ingredient in providing a quality camp experience. Please contact the office if for some reason this camper is not financially able to submit a physical current within the last year. The physical does not need to be on the ECR form; however, it must be signed by a licensed physician approving that the camper is health appropriate for camp attendance. It is important that the physician list any and all restrictions and health precautions and current medications and treatments to be administered at camp. In the event a camper has a chronic negative health history, the health care personnel of ECR reserves the right to request additional information from the camper health care provider, including a physical before attending camp.

Camper/Guardian Signature _____ Date _____

Camper/Guardian Name Printed _____

Witness to Camper Signature _____ Date _____

Witness to Camper Name Printed _____

Evans Creek Retreat's Up Camp is in the process of obtaining a 501©3 designation. It is governed by a board of directors, the State of Oregon Organizational Camp Rules and American Camp Association standards.

HIPAA COMPLIANCE

In compliance with federal guidelines (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT), this form **MUST** be on file prior to camp attendance and will remain active for seven years.

If you have any questions contact the Evans Creek Retreat 503-897-3728. Email: muskkrat@evanscreekretreat.com

Camper Information: Name _____ (First) _____ (MI) _____ (Last) BD _____

Notice of Privacy Practices:

I understand that Evans Creek Retreat LLC (hereafter referred to as ECR) and/or Easter Seals of Oregon (hereafter referred to as ESO) will use and disclose health information about me. I understand that my health information may include information received by ECR/ESO in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand that ECR/ESO may use & disclose my health information to:

- make decisions about and plan for my care and camp activities with camp staff
- refer to, consult with, coordinate among, and/or manage with other health care providers involved in my care and for treatment in the event of illness or injury.
- determine my eligibility for camp attendance and/or particular camp activities
- perform various office and administrative functions that support ECR/ESO's efforts to provide me with best possible camp opportunities appropriate to my needs.

I understand that I have the right to receive and review the written description of how ECR/ESO will handle health information about me. This written description describes the uses and disclosures of health information made and the information practices followed by the staff and office personnel of ECR/ESO and my rights regarding my health information.

I understand that this description may be revised from time to time and that I am entitled to receive a copy of any revised practices upon request to ECR/ESO.

I understand that I have the right to ask that some and/or all of my health information not be used or disclosed in the manner described in the **Notice of Privacy Practice**, and I understand that ECR is not required by law to agree to such requests.

These releases are to be signed by a parent or legal guardian if participant is under 18 years of age **OR** by the participant if 18 or older **OR** if participant is legally emancipated.

Release forms and/or current likeness (photo) MUST be on file in office prior to attendance.

By signing below, I agree that I have reviewed & understand the information above.

Camper/Guardian Signature _____ Date _____

Camper/Guardian Name Printed _____ Phone _____

Camper Representative Signature _____ Date _____

Camper Representative Name Printed _____ Phone _____

Authority of Representative (Relationship) _____ Date _____