



Mail: Evans Creek Retreat UP CAMP Registration 2023

PO Box 532,  
Stayton, OR 97383

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 [Muskkrat@evanscreekretreat.com](mailto:Muskkrat@evanscreekretreat.com) or [contact\\_camp@or.easterseals.com](mailto:contact_camp@or.easterseals.com)

**Choose Session or Multiple Sessions All camps supervision: 3 campers per 1 staff**

All over 12 Sun. July 2 –Thurs. July 6

Age 10-26 **Easter Seals Only. Make application w/ESO** Sun. July 9- Thurs. July 13 Ratio: 3:1 staff member

All over 21 **Easter Seals Only. Make application w/ESO** Sat. July 15- Wed. July 19 Ratio: 3 1 staff member

Limited Session: All over 21 Respite, Wed. July 19- Sat. July 22

All over 21 Mon. July 24 – Fri. July 28

All over 12 Tue. Aug. 1-Sat. Aug 5

All over 21 Mon. Aug. 7-Fri. Aug 11

**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 mattress and sheet.  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 further, 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 2023 will be a rustic camp experience. There may be limited buildings. There are tents (yurts), 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:

- Arts & Crafts      Drama/Skits/Puppetry      Fishing      Paddle Boating
- Stargazing      Archery      Hiking/Walking      Dancing
- Music/Singing      Volleyball      Basketball      Nature Study
- Reading      Gold Panning      Water Fight      Bowling
- Puzzles/Games      Mini-golf      Horseshoes      Tie Dye/Leather Craft
- Campfire Cooking      Sleeping Outside      Making Friends      Animals
- Listening to Stories      Plant Care/Gardening      Field Games      Painting
- Drawing/Painting      Swinging      Scavenger Hunt      Creating Journals
- Writing      Swimming in River      Horseback Riding      Adventure Trail
- Ping Pong      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 20 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:
Home Phone:	Cell Phone:	Work Phone:
First Name:	Last Name:	Relationship:
Home 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?	
<b>Personal Support Worker Contact Information</b>  Agency Name: _____  Case Worker: _____	Email: _____ Phone: _____ Fax: _____

<b>Primary Diagnosis:</b>		<b>Camper Name:</b>	
<b>Cognitive/Social Abilities – please check all that apply</b> <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		<b>Physical Disability – please check all that apply</b> <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: _____	
<b>Seizures:</b> <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: _____			

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

<b>Personal Care Needs: I = Independent   MA = Minimal Assistance   CA = Complete Assistance</b>							
<b>Cabin Care</b>				<b>Mealtime: <i>Advise of all eating issues prior to arrival.</i></b>			
Check one for each	I	MA	CA	Check one for each	I	MA	CA
<b>Dressing</b>				<b>Appropriate portion taking</b>			
<b>Brushing teeth</b>				<b>Cutting food</b>			
<b>Washing hands/face</b>				<b>Food to mouth</b>			
<b>Showering</b>				<b>Drinking from cup</b>			
<b>Toileting</b>				<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"/> Other 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: _____ _____			
<b>Female menstrual needs</b>				<i>If camper does NOT have dietary health needs &amp; chooses to NOT eat camp food, caregivers are responsible for providing meals &amp; snacks for the camper.</i>			

<b>Bladder &amp; Bowel Control</b> <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Needs Reminders <input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent at night Schedule: _____ <b>Toileting Aids Used (please bring to camp)</b> <input type="checkbox"/> Attends <input type="checkbox"/> Catheter - Type: _____ <input type="checkbox"/> Urinal <input type="checkbox"/> Other: _____	<b>Toileting comments/suggestions:</b> _____ _____ _____ _____ _____
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<p><b>Sleeping</b></p> <p><input type="checkbox"/>Awaken at night for restroom: _____ times</p> <p><input type="checkbox"/>Difficulty (explain)_____</p> <p><input type="checkbox"/>Needs bedrails    <input type="checkbox"/>Turned at night:_____ times</p> <p>Has camper slept in a group environment? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>CPAP Machine? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Sleeping comments/suggestions: _____</p>	<p><b>Allergies</b></p> <p>Please list and explain all known food allergies: _____</p> <p>Non-food allergies: _____</p> <p>Describe reactions: _____</p>
<p><b>Supervision</b></p> <p><b>Does camper require 1:1 total care and/or supervision?</b></p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Explain: _____</p> <p>_____</p>	<p><b>Communication</b></p> <p>Will camper clearly communicate wants/needs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Reads <input type="checkbox"/>Writes <input type="checkbox"/>Sign Language <input type="checkbox"/>Talks <input type="checkbox"/>Gestures</p> <p><input type="checkbox"/>Communication System Communication</p> <p>Comments/suggestions: _____</p>
<p><b>Medications:</b></p> <p>Prescribed Medications:            <input type="checkbox"/>Yes        <input type="checkbox"/>No</p> <p><input type="checkbox"/>Medication 1-2X daily:</p> <p><input type="checkbox"/>Medications 3-4X daily:</p> <p><input type="checkbox"/>Medication &lt;4X daily:</p> <p><input type="checkbox"/>Medication &lt; 6 AM or &gt; 10 PM:</p> <p><input type="checkbox"/>Nebulizer:</p> <p>Special Protocols: _____</p>	<p><b>Diabetic:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Diet Controlled:</p> <p><input type="checkbox"/>Insulin Controlled:</p> <p>Testing Time(s) _____</p> <p>Average Blood Glucose _____</p> <p><input type="checkbox"/> Camper independently manages CBG testing</p> <p><input type="checkbox"/> Camper independently manages insulin injections (with staff supervision)</p>
<p><b>Fears:</b></p> <p><input type="checkbox"/>Water                                    <input type="checkbox"/>Animals</p> <p><input type="checkbox"/>Falling                                    <input type="checkbox"/>Dark</p> <p><input type="checkbox"/>Height                                    <input type="checkbox"/>People/Crowds</p> <p>Other: _____</p>	<p><b>Tobacco Products:</b></p> <p><input type="checkbox"/>None <input type="checkbox"/>Chews:</p> <p><input type="checkbox"/>Smokes Tobacco Products:</p> <p><input type="checkbox"/>Responsible for Smoking Safety</p> <p><input type="checkbox"/>Describe Assistance/Monitoring: _____</p>
<p><b>Behavior: Please check any behavior patterns that apply</b></p>	
<p><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</p>	
<p><input type="checkbox"/>Physically aggressive, please describe: _____</p>	
<p><input type="checkbox"/>Self-abusive, please describe: _____</p>	
<p><input type="checkbox"/>Attention-seeking, please describe: _____</p>	
<p>When do these behaviors occur? Is there a common trigger for these behaviors? _____</p>	
<p>Suggest specific techniques for dealing with the camper's behavior: _____</p>	
<p>Does the camper require physical management? <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain. _____</p>	
<p>Describe any special interests or activities: _____</p>	<p>What would make camp a successful experience for this camper? _____</p>
<p>Additional comments or other information to assist in camper care: _____</p>	

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: \_\_\_\_\_  
 Length of time known: \_\_\_\_\_

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

**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 **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: \_\_\_\_\_

Evans Creek Retreat's Up Camp is a 501©3 nonprofit. It is governed by a board of directors, the State of Oregon Organizational Camp Rules and American Camp Association Accreditation 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: [musktrat@evanscreekretreat.com](mailto:musktrat@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 \_\_\_\_\_