



The League ~ Camping & Recreation

1111 E Cold Spring Lane, Baltimore MD 21239

410.323.0500 ~ f: 866.306.7424

STOP!!!

**REGISTER FASTER ONLINE AT
WWW.CAMPGREENTOP.ORG!**

2020 REGISTRATION FORM

PARTICIPANT INFORMATION

Participant Name: _____ Nick Name: _____ Sex: _____ Male; _____ Female

DOB: _____ Age: _____ Disability (Please Describe): _____

*Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Service Coordinator (if applicable): _____ Phone: _____

*Please list the mailing address to which all correspondence should be sent (i.e. confirmation packet, medical forms, etc.)

If you would like an email address distributed at the end of the session so participants can connect with friends, please enter a valid email address:

LEGAL GUARDIAN(S): _____ Guardian's Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PRIMARY CONTACT (Person responsible for participant, if different from Legal Guardian)

Name/Relationship: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

EMERGENCY CONTACTS (Each participant must have at least one person who will be available to pick them up from Camp should the need arise)

Emergency Contact #1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #3: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about us?

_____ Returning Camper _____ Service Coordinator _____ CLUB 1111 _____ Referred by a Friend: (who?) _____

_____ Internet Search _____ Other: _____

REGISTRATION INFORMATION

My camper requires a: _____ 2:1 ratio; _____ 1:1 ratio (required for all behavioral or extensive medical needs, or Autism Waiver funding)

TRAVEL PROGRAMS ~ Detailed drop off / pick up location will be listed on the itinerary sent one month prior to the program.

A \$400 deposit per session is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Please see cancellation policy for more information. **Travel programs are available for adults ages 18+, and are staffed at a 3:1 ratio only.**

_____ **Cruisin' Down the Caribbean: February 10 – 14, 2020 (\$1800)

_____ Down to Disney: April 14 – 19, 2020 (\$2200)

_____ Atlantic City, NJ: June 27 – July 2, 2020 (\$1850)

_____ GWL & Williamsburg, VA: August 14 - 19, 2020 (\$1850)

_____ Lounging in Lancaster: September 25 - 28, 2020 (\$1400)

_____ Participant requires a wheelchair accessible room at an additional rate of \$100 per night.

Limited wheelchair accessible spaces available in each trip.

****A valid passport is required for this trip.**

Options continued on back ➡

SUMMER CAMP PROGRAMS ~ Held at Camp Greentop, 15001 Park Central Rd, Sabillasville MD 21780

A \$200 deposit per session is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Autism Waiver recipients must submit a Plan of Care with allocated hours. Please see cancellation policy for more information.

Traditional Camp 2020:

___ Session 1 (All-Ages): June 16 – 23, 2020	(2:1 ratio: \$1886; 1:1 ratio: \$2920 or 111 Autism Waiver respite hours)
___ Session 2 (Youth): June 26 – July 3, 2020	(2:1 ratio: \$1886; 1:1 ratio: \$2920 or 111 Autism Waiver respite hours)
___ Session 3 (Adult): July 6 – 13, 2020	(2:1 ratio: \$1886; 1:1 ratio: \$2920 or 111 Autism Waiver respite hours)
___ Session 4 (Adult): July 16 – 27, 2020	(2:1 ratio: \$2829; 1:1 ratio: \$4380 or 166.5 Autism Waiver respite hours)
___ Session 5 (All-Ages): August 3 – 10, 2020	(2:1 ratio: \$1886; 1:1 ratio: \$2920 or 111 Autism Waiver respite hours)
___ Session 6 (Youth): August 13 – 20, 2020	(2:1 ratio: \$1886; 1:1 ratio: \$2920 or 111 Autism Waiver respite hours)

League Pioneers 2020: 3:1 ratio only

- ___ Session 1 (Ages 13 and up): June 16 – 23, 2020 (\$1440)
 ___ Session 5 (Ages 13 and up): August 3 – 10, 2020 (\$1440)

Family Adventure Weekend 2020: Please forward a list of names and ages of all attending.

- ___ Family Adventure Weekend: July 31 – August 2, 2020
 ___ Adults (\$175) ___ Youth (\$125) ___ Whole Cabin – sleeps up to 10 (\$1100)

WEEKEND RESPITES ~ Held at Camp Round Meadow, 14840 Manahan Rd, Sabillasville MD 21780

Weekend Respite programs are \$549 per weekend at the 2:1 ratio or \$738 per weekend at the 1:1 ratio (28.5 Autism Waiver respite hours). Transportation from The League is optional at an additional rate of \$80 per weekend (3 Autism Waiver respite hours), and is available on a limited basis. A \$75 deposit per weekend is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Autism Waiver recipients must submit a Plan of Care with allocated hours. Please see cancellation policy for more information.

___ Now You're Cooking Weekend	February 21 – 23, 2020	___ Transportation
___ Springtime Splendor Weekend	March 6 – 8, 2020	___ Transportation
___ Around the World Weekend	March 20 – 22, 2020	___ Transportation
___ Sports Frenzy Weekend	April 3 – 5, 2020	___ Transportation
___ Catch A Wave Weekend	October 9 – 11, 2020	___ Transportation
___ Halloween Hoopla Weekend	October 23 – 25, 2020	___ Transportation
___ Superhero Weekend	November 6 – 8, 2020 *	___ Transportation
___ Amazing Autumn Weekend	November 20 – 22, 2020 *	___ Transportation
___ Polar Paradise Weekend	December 4 – 6, 2020 *	___ Transportation

* These sessions have not yet been confirmed with the National Park Service and are subject to change. Dates will be finalized by the end of December, 2019. We will notify you as soon as possible should we have to make adjustments to the dates of these weekends.

WINTER CAMP ~ Held at YMCA Camp Letts, 4003 Camp Letts Rd, Edgewater, MD 21037

Winter Camp is \$1815 at the 2:1 ratio or \$2199 at the 1:1 ratio (83.5 Autism Waiver respite hours). A \$200 deposit is required to reserve your spot in the program. All deposits are non-refundable and non-transferable. Please see cancellation policy for more information. Autism Waiver recipients must submit a Plan of Care with allocated hours.

___ Winter Camp 2020: A week in Hollywood December 28, 2020 – January 2, 2021

TOTAL TUITION TO BE PAID: \$_____ - Deposit(s) \$_____ = Balance to be paid \$_____

If getting funds through Autism Waiver: Autism Waiver Service Coordinator: _____

A current Plan of Care must be received by Camping & Recreation with appropriate number of hours allocated to cover your session(s).

If getting funds through an agency: Name of Agency: _____

Contact Name: _____ Phone: _____

A Letter of Intent for Funding must be received by Camping & Recreation with signature of representative from listed agency. Camping & Recreation will make every effort to collect monies committed by service agencies. Should an agency deny funding for any reason, regardless if Camp has a Letter of Intent for Funding from them, the participant is responsible for any outstanding balance due.

I have reviewed, understand, and agree to Camping & Recreation policies and procedures as listed in the accompanying Program Guide and/or on the Camping & Recreation website.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____



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SKILLS CHECK SHEET

To be completed **annually** by primary caregiver and submitted with registration.
Please print legibly!

Participant Name: _____ DOB: _____ Date: _____

Disability: _____ T-Shirt Size: _____

Mobility – please check all that apply	Staffing Preference
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Ambulatory with assistance <div style="margin-left: 20px;"><input type="checkbox"/> Type of assistance: _____</div> <input type="checkbox"/> Uses Wheelchair <div style="margin-left: 20px;"><input type="checkbox"/> Manual <input type="checkbox"/> Power</div> <div style="margin-left: 20px;">Can propel self? Y/N</div>	<div style="margin-left: 20px;">Transfer Assistance</div> <input type="checkbox"/> Independent <input type="checkbox"/> 1-person pivot <input type="checkbox"/> 2-person <input type="checkbox"/> Hoyer Lift (must bring to camp)
Camper works best with the following staff: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference Please note that we will try to pair your camper based on your preference. *Female campers will never be placed in male-staffed cabin, regardless of preference. The personality type my camper responds to best is:	
Comments:	

Activities Of Daily Living/ Personal Care – please check all that apply					
	Independent	Verbal Prompts	Hand over Hand	Total Assistance	Description of assistance needed
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tie Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Button/Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shampoos Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/> Independent with toileting needs; no concerns		<input type="checkbox"/> Needs reminders to use the toilet regularly		<input type="checkbox"/> Needs assistance wiping after toileting
Aids used	<input type="checkbox"/> Depends When worn?		<input type="checkbox"/> Bedpan /Urinal	<input type="checkbox"/> Toilet Chair	<input type="checkbox"/> Other
Bladder Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Occasional Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Catheter & Type:	
Bowel Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Occasional Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Bowel Program:	
Eating	<input type="checkbox"/> Independent with meals; no concerns		<input type="checkbox"/> Needs prompting to eat		<input type="checkbox"/> Needs to be fed
Utensils	<input type="checkbox"/> Uses conventional utensils		<input type="checkbox"/> Uses Adaptive Utensils (must bring)		<input type="checkbox"/> Finger Foods only
Dietary Needs	<input type="checkbox"/> Food cut into bite size pieces (1/2" or smaller)		<input type="checkbox"/> Mechanically chopped diet only (finely chopped)		<input type="checkbox"/> Pureed diet only
	<input type="checkbox"/> Gluten Free Diet		<input type="checkbox"/> Casein Free Diet		<input type="checkbox"/> G-tube (please complete g-tube form)
*For those campers on a Gluten/Casein Free or other restrictive diet, please plan to bring supplemental foods to last throughout the week. Please contact us with any questions regarding your diet.					
Other Dietary Restrictions					
Food Allergies	(Please list, along with reaction):				

Communication - please check all that apply

(Please bring any equipment needed for successful communication)

Expressive
Communication:

- ☐ Verbal; can be clearly understood
- ☐ Verbal; is difficult to understand
- ☐ Non-Verbal
- ☐ Limited verbal vocabulary
- ☐ Uses gestures
- ☐ Uses Sign Language
- ☐ Uses communication device:

Receptive
Communication:

- ☐ Can easily understand & follow verbal directions
- ☐ Understands Sign Language
- ☐ Needs time to process & act upon instructions
- ☐ Needs reminders and cues
- ☐ Cannot process/does not follow directions
- ☐ Other means of communication:

Behavioral Information – please check all that apply

- ☐ Has a behavioral support plan (please attach a copy)

History of:

- ☐ Verbal Aggression
- ☐ Physical Aggression toward others
- ☐ Biting
- ☐ Hitting
- ☐ Kicking
- ☐ Other:
- ☐ Wandering/Running away from group

- ☐ Self-Injurious behaviors

- ☐ Picking/Scratching
- ☐ Head Banging
- ☐ PICA (please explain)
- ☐ Biting

- ☐ Other behaviors to be noted:

- ☐ No behavioral issues

Please list any behaviors we may see at camp:

How often do behaviors occur?

Triggers/Antecedent (what causes these behaviors?):

Redirection techniques:

*Please use another sheet if necessary to fully explain behavioral information.

Night Time Routine – please check all that apply.

Please note that Camp Greentop does not provide awake overnight staffing

- ☐ No concerns; sleeps through night
- ☐ Wakes to toilet independently
- ☐ Wakes to toilet with assistance
- ☐ Wanders at night
- ☐ Wakes early; please note time:
- ☐ Requires medications to help sleep
- ☐ Requires bedrails
- ☐ Requires adjustment/repositioning at night; please describe:

Comments:

Activities and Interests

Swimming	Swimming Level	Swimming Comments:
	<input type="checkbox"/> Non-swimmer/beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
		If your camper wears depends throughout the day, a swim diaper/depends cover is required .

Favorite
Activities:Least Favorite
Activities:**Additional Information**

Please list any specialized health procedures, not including routine medications:

Please provide any additional information that will assist us in caring for this camper:

Name of person completing form:

Contact Number:

Relationship to camper:

Participant Name: _____



2020 RELEASE STATEMENT

This form is valid for all Camping & Recreation programs that occur within the corresponding calendar year.

RELEASE STATEMENT: *Each section MUST be initialed by a legal guardian and must have accompanying signature at bottom of page.*

Activity Release: I, as a parent or guardian of the Participant, understand that The League for People with Disabilities, Inc. and its agents, servants, employees, officers, directors, successors and assigns (hereafter referred to as "The League") makes efforts to operate and conduct programs and activities in a safe and responsible manner. These programs and activities include, but are not limited to: arts and crafts, music, games, sports, hiking, recreation, running, jumping, playing, cooking, water sports (e.g., swimming, tubing, fishing, boating, etc.), vehicular transportation, travel, trips, amusement park rides and/or exposure to nature (e.g., weather conditions, animals, plants, insects, rugged terrain, etc.). I understand that such programs and activities, and the actions and/or inactions of other participants, involve certain inherent risks which may result in injury, illness or even death. I, individually and on behalf of the Participant, recognize these risks and agree to assume all liability for these risks by allowing the Participant to attend and participate in such programs and/or other activities. I, individually and on behalf of the Participant, hereby waive, release, indemnify, hold harmless and forever discharge The League and its respective agents, servants, employees, officers, directors, successors and assigns, and the United States, Department of Interior, National Park Service (hereafter referred to as "NPS"), from any and all claims and causes of action of any kind or nature which are in any way related, directly or indirectly, to such programs and/or activities of The League caused in whole or in part by negligent acts and/or omissions of The League and its respective agents, servants, employees, officers, directors, successors and assigns, and/or the NPS. Neither I nor the Participant will bring any such claim or cause of action of any kind or nature against The League and/or its respective agents, servants, employees, officers, directors, successors and assigns, and/or the NPS. I further agree to indemnify, defend and hold harmless The League and its respective agents, servants, employees, officers, directors, successors and assigns, and the NPS, from any such claims or causes of action of any kind. By placing my signature below, I acknowledge and agree that I have read this agreement, understood all of the terms and conditions contained herein, and that this agreement will be in full force and effect during all of The Participant's involvement with The League.

INITIALS: _____

Photo Release: I hereby give my consent to The League and its authorized representative to use my likeness in any and all photographs, videos and other forms of written or oral communication for the purpose of marketing, public relations, publicity and all other activities The League shall deem necessary to fulfill its stated mission. I also give consent to The League to extend the above authorization to any third party for marketing, public relations, publicity and any other activity The League shall deem necessary to fulfill its stated mission. Further, I give my consent to display my likeness in any part of The League's facility, as well as slide shows, videos, displays and other forms of written and oral communication for the purposes of marketing, public relations, publicity and all other activities The League shall deem necessary to fulfill its stated mission. This consent is authorized without any expectation of compensation or remuneration to be paid to me by The League, or any third party, for the use of my likeness in photographs, videos or any other form of oral or written communication The League shall deem necessary to fulfill its stated mission.

INITIALS: _____

Additional Releases: I, as a parent or guardian of the Participant, understand that The League does not provide overnight awake staffing for any Camping and Recreation Program. The League generally provides supervision of participants at the following participant to staff ratios: Camp Greentop, Respite Weekend and Winter Camp: During daytime hours, most participants will generally receive staffing at a 2:1 ratio. 1:1 staffing will be provided, for a fee, on a limited basis, to all participants who are receiving Maryland Medicaid Waiver for Children with Autism, **or** participants unable/unwilling to attend at least 70% of activities, require multiple redirections due to past aggressive or self-injurious behaviors, campers with complex medical or physical needs or campers who were previously unsuccessful without this level of support. I understand if this additional support is needed, the parent or guardian must make arrangements with the Director of Participant Services at 410.323.0500 x309. League Pioneers: Staffing is provided at a 3:1 ratio for League Pioneers during daytime hours. Travel Programs: All participants must be able to be successful at a 3:1 camper to counselor ratio. Participants must be able to be left unattended for up to 30 minutes at a time. Travelers requiring wheelchair accessible rooms may be charged an accessible travel fee to cover the costs of additional supports needed. The League is not able to provide 1:1 staffing for behavioral needs to participants attending Adult Vacation Camp, League Pioneers and Travel Programs due to the nature of the programs. The League is unable to accept funding from the Maryland Autism Waiver for League Pioneers and Travel Programs due to mandated staffing requirements.

With my signature, I acknowledge that I understand that as part of participation in services provided by The League, transportation may be provided to the Participant for program related purposes by a staff member in a League vehicle or in a staff member's personal vehicle. I understand that it is the responsibility of the Participant to adhere to all safety requirements (for example, using seatbelts and remaining seated).

With my signature, I certify that I will accept emergency services offered by The League for injury and/or illness. I hereby acknowledge that the designated first aid person in charge may perform emergency care and I hereby grant permission to The League to release any medical information required by said individual and do hereby give permission for treatment. I understand that medical care will be provided to the Participant according to the standards of the Maryland Institute of Emergency Services and said designated first aid person is protected from liability under the Good Samaritan Act.

I hereby give consent to The League to take a recent photograph of the Participant and keep it on file, to be used in the event a missing person's report must be filed. I also give my consent to The League to release this photograph and other necessary information to the Baltimore and/or Maryland State Police and any other agency for the sole purpose of filing a missing person's report.

INITIALS: _____

My initials above indicate that I have read, understand, and agree with each corresponding section of the release statement. I also understand that Camping & Recreation reserves the right to determine sending a participant home, at the participant's expense, if a participant exhibits inappropriate behavior, is sick for more than 24 hours, or is not having a successful recreational experience. This is done at the discretion of the Director. With my signature, I understand that if I have misrepresented or failed to inform Camping & Recreation of any special needs or services the participant has or requires, Camping & Recreation may not be able to appropriately and safely provide support. If this occurs, I understand and agree that Camping & Recreation can terminate participation in the program and I understand and agree that should the participant be required to leave the program, no money will be refunded to me.

Signature of individual, parent or legal guardian: _____ Date: _____