



REYOAD and Camp 139 Registration Form - 2020

Camp REYOAD:

Camp REYOAD's heart consists of loving REmarkable YOuth and ADults while sharing the Good News of Jesus Christ through community, growth, and fun. Participants are 16+ with intellectual disabilities. It is held in North Webster, IN at Epworth Forest Conference Center.

Camp 139:

Camp 139 celebrates God's wonderful works in His people (Psalms 139:14) while sharing the Good News of Jesus Christ through community, growth, and fun. Participants are 16+ with intellectual and mild physical disabilities. It is held in Springville, IN at Camp Indicoso.

Affiliation:

Camp REYOAD and Camp 139 are programs of the Indiana Conference of The United Methodist Church, but enjoy ecumenical participation and leadership.

Guardians and prospective campers:

Please read this application carefully and fill in all blanks. We may not be able to serve your camper if necessary care & medical information is not provided. To best serve your camper, Impact 2818 reserves the right to decline attendance at any time, including check-in, if the Camp Manager believes the camp is not able to provide quality care for this individual regarding disclosed or undisclosed medical or behavioral needs.

Medication:

All medication will be secured and dispensed by camp medical staff. All medications are to be in their original containers and well labeled. Herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note. No medication will be given in conflict with its label without a doctor's note.

REYOAD Criteria of Acceptance:

- Campers must be 16+ years of age.
- Physically and mentally capable of participating in the program
- Socially capable of adjusting and contributing to group living
- Able to eat cafeteria food (**special diets, see note*)
- Non-smoking (Smoking is not permitted on the campground.)
- Must be capable of self-care (personal cleanliness, self-dressing, free from bedwetting, no requirement for restroom or nighttime assistance)
- Must be independently ambulatory (much walking is done)

Camp 139 Criteria of Acceptance:

- Campers must be 16+ years of age.
- Physically and mentally capable of participating in the program
- Socially capable of adjusting and contributing to group living
- Able to eat cafeteria food (**special diets, see note*)
- Non-smoking (Smoking is not permitted on the campground.)
- Must be capable of self-care (personal cleanliness, self-dressing, free from bedwetting, no requirement for restroom or nighttime assistance)
- Wheelchair users should be independent

**A doctor's note is required for all specialized diets. Campers can bring medically necessary supplemental meal items if arranged with the Camp Site Manager at least two weeks prior to arrival. Please note, our camp sites are NOT nut-free facilities.*

Mail the completed 7 page form and payment to:

INUMC, Attn: Camp Registration, 301 Pennsylvania Parkway — Suite 300, Indianapolis, IN 46280

Continued information...

REYOAD and Camp 139 Registration Form - 2020

Registration deadline & fees:

The registration deadline is May 24, 2020 for REYOAD and May 31, 2020 for Camp 139.

Payment and a completed registration form (the 7 pages that follow) must be received by this date in order to attend. Impact 2818 offers Early Bird registration discounts for those whose complete registration and payment (or valid payment plan) are received on or before April 20, 2020.

Applications received at least 7 weeks before the start of the event may use the payment plan option, if you desire. See page 6 for more information.

REYOAD campers have the opportunity to purchase snacks and camp merchandise. Please send an additional \$30 with the camper to camp for those opportunities.

Cancellation policy:

Registrations cancelled 2 or more weeks prior to the first day of an event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee.

Registrations may not be transferred from one camper to another. See Impact2818.org/go for details. Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Insurance:

All campers are provided with a limited secondary accident insurance while at camp.

Scholarships:

Partial scholarships may be available for campers with financial need. The application form may be downloaded at Impact2818.org/go; or call the registration team at (888) 628-2818. Apply early as funds are often limited by April.

Mail the completed 7 page form and payment to:

INUMC, Attn: Camp Registration, 301 Pennsylvania Parkway — Suite 300, Indianapolis, IN 46280

Questions?
Call (888) 628-2818

Fax Number:
(317) 735-4237



IMPACT 2818: Outdoor Ministries |
of the United Methodist Churches of Indiana



Camper Information and Consent Form

Please circle the camp for which you would like to register; and fill out the payment information:

	<u>Early Bird rate</u>	<u>after April 20 rate</u>
Camp REYOAD Epworth Forest Conference Center, June 7—12, 2020	\$469	\$499
Camp 139 Camp Indicoso, June 14—19, 2020	\$469	\$499

Are you using a scholarship? Yes No Scholarship amount? _____ (ex. 33%, etc.)
 Scholarship/iCash code: _____ Final cost of event: \$ _____

To set up a payment plan, please complete the payment plan section on page 6. *must register at least 7 weeks before event begins

To pay in full now, please fill out the following:

Name on card: _____ Check enclosed: # _____ Amount \$ _____
 Card number: _____ - _____ - _____ - _____ Expiration date: ____/____/____ Visa MasterCard Discover
 Please charge \$ _____ to the card listed above. Cardholder's signature: _____

Please fill in all blanks and include a recent photo of the camper.

Camper's name: _____ Nickname? _____
 Birth date: ____/____/____ Sex: Female Male
 Street Address: _____
 City, State, Zip: _____
 Phone # C H W: (____) _____ — _____ How did you hear about camp? _____
 Do you (the camper) live in a: Group Home Family Residence On Your Own
 Email address: _____
 Church name: _____ Church city: _____
 Is the camper able to legally sign for them self? Yes No
 If 'no' please list their guardian's name: _____
 Relationship to the camper: _____
 Address: _____
 Email address: _____
 Phone #: (cell? home? work?) (____) _____ — _____
 (cell? home? work?) (____) _____ — _____
 Is there anyone, specifically, to whom this camper should *not* be released? _____

Medical Treatment Release

In the event of the camper's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for the camper to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions on this form may result in an inability of the camps to serve the camper. I understand that in order to best care for the camper, Impact 2818 reserves the right to decline attendance for the camper if the Camp Manager believes the camper is not able to provide quality care for this individual regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of the camper at camp and used for publicity purposes by Impact 2818. The signature below represents the legal guardian of the camper (self if applicable) and the person ultimately responsible for payment of the above individual. I understand that full payment must be received, or a valid payment plan in place, in order for a registration to become active and a spot held for the camper in the event selected.

Signature of guardian or camper if legally able to sign for self: _____ Date: _____
 Relationship to camper? _____

Medical and Additional Information

*The camper must have been seen by a physician within 6 months prior to the event.
(However, a doctor does NOT need to complete this form.)*

Camper's name: _____ Date of last exam: _____

Medicaid/Medicare #: _____

Height: _____ Weight: _____ Blood Pressure: _____ Age: _____

Identified medical condition(s) or disability: _____

Primary care physician's name: _____

Physician's address: _____

Physician's phone #: (_____) _____ — _____

Resuscitation Status — Please check the resuscitation status of the camper.

_____ Yes, resuscitate the camper.

_____ No, do not resuscitate the camper. I have included a copy of the their DNR legal order.

Received and copy on file? (*campsite use only*)

_____ *camp nurse signature*

_____ *camp manager signature*

Does the camper have allergies? Yes No

If 'yes' please list each allergy and reaction. Use additional page(s) if necessary.

(plants, prescription & non-prescription drugs, insects, foods, etc.)

Does the camper have seizures: Yes No

If 'yes' please note the date of the last seizure: _____

Frequency/duration: _____

Please list any specific information regarding seizure activity. Use additional page(s) if necessary.

Insurance provider: _____

Group #: _____

Policy #: _____

Insurance contact phone #: (_____) _____ — _____

Alternate emergency contact name: _____

Relationship to camper: _____

Phone #: (cell? home? work?) (_____) _____ — _____

Adult t-shirt size: Small Medium Large X-Large 2X-Large 3X-Large

Describe the camper's usual daily routine (ex. wakes and goes to sleep at what time?) and include a brief family history related to your camper in the space below (attach additional paper as necessary).

Health History

Camper's name: _____

Please check all that apply and add any additional pertinent information as needed. To best serve your camper, Impact 2818 reserves the right to decline attendance at any time, including check-in, if the Camp Manager believes the camp is not able to provide quality care for this individual regarding disclosed or undisclosed medical or behavioral needs.

Disease/Disorder	Yes	No	Additional information
Heart condition			
High blood pressure			
Asthma			
Diabetes			
Eye conditions			
- Wears eye glasses			
Fainting			
Chronic respiratory infection			
Menstrual problems			
Constipation			
Athletes foot			
Stomach problems			
Sleepwalking			
Bedwetting			
Emotional outbursts			
Homesickness			

Communication Status	Yes	No	Additional Information
Verbal			
Non-verbal			
- NV but understands			
Uses signing			
Able to write			
Hearing is normal			
Hard of hearing			
- Uses hearing aid(s)			
Unable to hear (deaf)			

Ambulatory Status	Yes	No	Additional Information
Walks alone			
Walks with assistance			
- Uses cane/crutches			
Wheelchair dependent			

Optional Payment Plan Information

Camper's name: _____

_____ Yes, I will be participating in the payment plan. My information is below.

_____ No, full payment is included on page 1.

If you wish to make automatic payments, instead of paying in full, you must register at least 7 weeks before the event begins, and complete the form below. The initial deposit varies by event, and will be processed upon receipt of this form in order to activate the registration. If you have any questions, please call (888) 628-2818. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.

Example, \$499 event: If your event's final balance is due May 24, and your registration is entered on February 20, your initial deposit of \$125 will be processed on February 20th. Your after-deposit balance will be divided into three equal payments, occurring automatically on March 20, April 20, and May 20.

Agreement:

I give permission for Impact 2818 to debit the following card or bank account monthly until the event's final balance has been paid. I acknowledge that the initial payment will be processed upon receipt of this form, and future payments will occur beginning the following month.

Please select either a type of bank account or a credit card.

Bank Account

_____ Checking Account #: _____

_____ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contacted via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may call the Registration Team at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm to correct a failed auto-payment.

Questions? Go to BeACamper.com or call the registrar's office at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee. There is a \$15 transfer fee when changing events. Registrations may not be transferred from one camper to another.

See Impact2818.org/go for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Activities Information Form

Camper's name: _____

To parent/guardian/camper: If your camper has a school or workshop, please take this form to have the school or workshop personnel complete and return to you to be turned in with the rest of this registration form. If the camper does not participate in any activities outside the home, please note that on the line below, and still include this page when sending in the rest of the registration form. Thank you.

To workshop or activities director: Please be thoughtful and candid.

Name of school or workshop: _____

Address: _____

Contact staff member (regarding the camper listed above): _____

Contact's phone #: (cell? home? work?) (_____) _____ — _____

How well or poorly does applicant participate in group activities? _____

Any additional comments? (e.g. How does the applicant get along with others? Please list the applicant's hobbies, interests, unusual behaviors, fears, etc.) _____

Thank you for your time and help in filling out this form.

Signature of principal, director, or staff in charge: _____

Date: ____/____/____