Camp Kelley Creek

Est. 1980

“To Infinity and Beyond”

2017

Registration Packet
Dear Families and Campers,

Welcome to Camp Kelley Creek 2017. We are going to have a wonderful time at camp this year! We had to move to a new camp site called Granite Ridge Camp in Creston. Our camp is not a religious camp. The following packet of information covers the dates, release forms for Granite Ridge Camp, UCP forms that need to be completed and the cost to attend.

**Dates:** Sunday, June 18\(^{th}\), 2017 thru Saturday, June 24\(^{th}\), 2017

**Application Process:**

All parts of this application must be completed, in full, to the best of your ability. We will need a camp packet for **EVERY** camper attending camp. Any camper who does not complete the camp packet will not be guaranteed a space at camp.

In order for your application to be complete you will need to include the following items in your application packet:

- Completed application.
- Recent color photo of the camper.
- Because of the increase in the cost for using the camp facility, we will not be able to provide scholarships to returning campers. (Scholarship application does not guarantee that you will receive a scholarship).
- Recent Copy of current insurance cards.
- Copy of Photo ID (Does not count for a recent picture of camper).
- Camp Medical Release from your Doctor. (This form is not needed if you have submitted one within the last 12 Months).

**Cost:** $650.00

A non-refundable deposit of $100 is due upon registration to hold your reservation. The balance of $550 is due by no later than May 28\(^{th}\), 2017. Any of this payment is non-refundable after June 1\(^{st}\), 2017.

**UCP Price includes:**

Door to door transportation to camp. All meals are included as part of the total camp cost. UCP will provide each group with a trained camp counselor to assist with any needs throughout the week at camp. Attending Camp Kelley Creek is an opportunity for you to make new friends and have experiences that you can share with friends and family back at home. At camp you will gain a renewed sense of independence and a stronger confidence in your abilities. We are so happy you will be joining us and we can’t wait to see you this summer!

**PLEASE COMPLETE THE FOLLOWING FORMS AND RETURN THEM AS SOON AS POSSIBLE**
Parent(s)/Guardians(s): Please follow the instructions below.
**Attach additional information if needed **

Complete pages 1, 2 and 3 of this form “FORM 1” and make a copy.
Send the original, signed “FORM 1” pages (1-3) to UCP San Luis Obispo
Complete only the top of “FORM 2” (Page 4) and provide the copy of “FORM 1”pages (1-3) with “FORM 2” page to your health care provider for review and completion.

After it has been completed and signed by your health care provider, return “FORM 2” to Camp Kelley Creek UCP San Luis Obispo

I. CAMPER INFORMATION

Camper Name: ______________________________ Birth Date __________
Counselor: _____________________ Cabin:_____________

Parent/Guardian with legal custody to be contacted in case of illness or injury:
Name: __________________________ Relationship: ___________ Home: (____) __________ Cell: (____) __________
Home Address: __________________________________ City: ______________ State: _____ Zip: __________

Second parent/guardian or other emergency contact:
Name: __________________________ Relationship: ___________ Home: (____) __________ Cell: (____) __________

Additional contact in event parent(s)/guardian(s) cannot be reached:
Name: __________________________ Relationship: ___________ Home: (____) __________ Cell: (____) __________

II. Nature of Disability (Please check all that apply)

__ ADHD/ADD __ Heart Condition __ Sickle Cell
__ Amputee __ Hemophilia __ Speech/Language Impairment
__ Asperger’s Syndrome __ Intellectual/Mental Disability __ Spinal Bifida
__ Asthma __ Mild __ Spinal Cord Injury
__ Autism Spectrum __ Moderate __ Visually Impaired
__ Brain Injury __ Severe __ Partial __ Total
__ Cerebral Palsy __ Learning Disability __ Other (Indicate):
__ Diabetes __ Mental Illness (Indicate):
__ Down Syndrome __ Muscular Dystrophy __________________________
__ Epilepsy/Seizure Disorder __ Obesity __________________________
__ Hearing Impaired __ Paraplegia __________________________
__ Partial __ Total __ Quadriplegia __________________________

III. CAMPER CARE (Please circle all that apply and explain when possible)

Approximate Mental Age Level: ________ Approximate Functional Age Level: ________

ALLERGIES: Food Medicine the environment (insect sting, hay fever, etc.) Other: __________________________

EATING: No Assist Partial Assist Total Assist

DIET: Normal Chopped food Pureed Diabetic

Any other special diet (explain): __________________________

To be completed by
Parent/Guardian or Care Provider

FORM 1
### Diet Continuation

<table>
<thead>
<tr>
<th>Appetite is:</th>
<th>Large</th>
<th>Typical</th>
<th>Small</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty swallowing?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Regular diet</td>
<td>Vegetarian diet</td>
<td>Special food needs (explain):</td>
<td></td>
</tr>
<tr>
<td>List problem foods or any food allergies (explain):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Speech

Normal | Mildly affected | Moderately affected | Severely affected | Nonverbal

Is the camper able to understand and communicate his/her needs to others? Yes | No
Camper makes his/her needs known by: Speaks | ASL | Gestures | Communication Board
Other (explain): |

### Mobility

Walks | Cane | Walker | Wheelchair (manual power) | Other: |
Can the camper independently use his/her wheelchair? | Yes | No

### Communication

Is the camper able to understand and communicate his/her needs to others? Yes | No
Camper makes his/her needs known by: Speaks | ASL | Gestures | Communication Board
Other (explain): |

### Transfers

No assist | Partial assist (Stand by) | Total assist |

### Adaptive Devices

None | AFO’s or night braces | Helmet | Glasses | Hearing Aid | Other: |

### Toileting

Bladder Control: No assist | Incontinent | Night Incontinence
Needs assistance/schedule (explain): |
Bowel Control: No assist | Incontinent | Night Incontinence
Needs assistance/schedule (explain): |
Aids used: | None | Needs Reminder | Urinal | Disposable undergarments | Toilet chair | Ostomy |

### Catheterization

Self Catha/Independent | Dependent/Nurse | Catheter Schedule: |

### Showering

No assist | Partial assist | Total assist (explain): |

### Dressing

No assist | Partial assist | Total assist (explain): |

### Sleeping

Does the camper normally sleep through the night? | Yes | No
Bedtime routine/positioning: |

### Social Background

Please list camper’s favorite hobbies, leisure, recreational, or camp activities: |

Does the camper have any behavior issues? | Yes | No
If yes, please describe: |

When do behavior issues typically occur? |

Describe effective methods to control or redirect difficult behaviors: |

Restrictions: I feel the camper can participate without restrictions: Yes | No
I feel the camper can participate with the following restrictions and/or adaptations (Please Describe): |

### General Health History

Has/does the camper: Ever been hospitalized? | | Yes | No

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**To be completed by**

**Parent/Guardian or Care Provider**

FORM 1
Ever Had Surgery? ———YES NO
Have recurrent/chronic illness? ———YES NO
Had recent Infectious disease? ———YES NO
Had a recent injury? ———YES NO
Had asthma/wheezing/shortness of breath? ———YES NO
Have diabetes? ———YES NO
Have seizures? (If yes, type, and date of last) ———YES NO
Had headaches? ———YES NO
Wear glasses, contacts, or protective eyewear? ———YES NO
Had fainting or dizziness? ———YES NO
Passed out/had chest pain during exercise? ———YES NO
Had mononucleosis “mono” during last 12mo.? ———YES NO
If female, have problems with menstruation? ———YES NO
Problems with falling asleep or sleepwalking? ———YES NO
Ever had back/joint problems? ———YES NO
Have a history of bedwetting? ———YES NO
Have problems with diarrhea/constipation? ———YES NO
Traveled outside of the country in the last 9mo.? ———YES NO

Please explain “Yes” answers in the space provided, noting the number of the questions. Which countries and dates?

___________________________________________________________________________________________

Mental, Emotional, and Social Health: Circle “Yes” and “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

Ever been treated for emotional or behavioral difficulties or an eating disorder? ———Yes No
During the past 12 months, seen a professional to address mental/emotional health concerns? ———Yes No
Had a significant life event that continues to affect the camper’s life? ———Yes No

Please explain “Yes” answers in the space provided, noting the number of the questions.

___________________________________________________________________________________________

Health Care Providers:

Name of the camper’s primary doctor: ____________________________ Phone: (____) ___________

Please use this space to tell us anything you think we need to know that we may not have remembered to ask. Please use this space to give additional information that you may feel is important or that may affect the camper’s ability to fully participate in the camp program. Attach additional sheets if needed.

___________________________________________________________________________________________

Parent/Guardian Authorization:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and or an examining physician. If I cannot be reached in an emergency, I give permission the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child/client. I understand that the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child/client’s health status. I understand that no refunds are given if a child/client leaves early because of homesickness or for disruptive behavior as decided by camp director.

Signature of Custodial Parent/Guardian: ____________________________ Date: __________ Relationship: __________

To be completed by
Parent/Guardian or Care Provider

FORM 1
Camper Name: _____________________ Nickname: ________________

___Male ___Female Birth Date __________ Age on arrival at Camp ______

Marital Status: _____ Name of spouse if attending Camp: __________

Parent(s)/Guardians(s): Please follow the instructions below.

** Attach additional information if needed **

Complete the top of “FORM 2” and provide the copy of “FORM 1” with “FORM 2” to your health care provider for review and completion.

After they have been completed and signed by your health care provider, return “FORM 2” to Camp Kelley Creek UCP San Luis Obispo.

Medical Personnel: Please review the UCP Camp Kelley Health “Form 1” and complete all remaining sections of this form “Form 2.”

Attach additional information if needed.

Physical exam done today: Yes No (If no, date of last physical: __________)

(ACA accreditation standards specify physical exam within last 12 months.)

Weight: _________ lbs. Height ______ Ft: _______ in Blood Pressure: _________ / __________

Allergies: No Known Allergies

To foods (list): ________________________________________________________________

To Medication (list): __________________________________________________________

To the environment (insect stings, hay fever, etc. – list): _________________________________________________________________

Describe previous reactions: ____________________________________________________

Is the camper undergoing treatment at this time for the following conditions (describe below): None

___________________________________________________________

___________________________________________________________

Other treatments/therapies to be continued at camp (describe below): None Needed

___________________________________________________________

___________________________________________________________

Do you feel the camper will require limitations or restrictions to activities while at camp? Yes No

If “Yes” please explain: __________________________________________________________

___________________________________________________________

___________________________________________________________

I have reviewed the UCP Camp Kelley Health form “FORM 1”, and I have discussed the camp program with the camper’s parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): __________________________ Title: __________________

Signature: ___________________________________________ Date: ______________________

Office Address: ______________________________________ City: __________________ State: ______ Zip: ______

Phone: (____) __________________

To be completed by your health care provider

FORM 2
What do I need to bring?

Clothes:
_____ 6 shirts
_____ 6 pairs of underclothes and socks
_____ 6 pairs of pants and shorts
_____ 1 pair of tennis shoes
_____ 1 pair of regular shoes or boots
_____ 1 sweatshirt / sweater / or warm jacket
_____ 1 swim suit
_____ 2 pairs of pajamas

Personal articles:
_____ Toothbrush and toothpaste
_____ Shampoo and conditioner
_____ Comb / brush
_____ Chap stick
_____ Sunscreen
_____ 2 towels and a washcloth
_____ Soap / deodorant / feminine protection
_____ Insect repellent
_____ Medications (see specifics in camp application)
_____ Spending money ($10-20)

Equipment:
_____ Sleeping bag
_____ Pillow
_____ Flashlight and batteries
_____ Water bottle (labeled with name)
_____ Hat
_____ Mesh laundry bag
_____ Depends
_____ Electric scooter charger (if needed)
_____ Bed Sleeve

PLEASE LABEL EVERY ITEM WITH PERMANENT MARKER
Medications Information

Camp Kelley requires a current (within two years) medical evaluation to be on file.

**Does the camper take any prescription medication?** ( ) Yes ( ) No

All Meds brought to camp must be turned over to the camp nurse upon arrival. The law requires the nurse to give all medications as directed by a doctor. All meds must be in separate marked envelopes for each dose. The first medication given by the nurse will be at Sunday dinner, the last medication will be at breakfast on Saturday. Medical stickers must accompany all meds. Don’t send actual medical cards.

*Med envelopes for each person available upon request.*

Release of Information:

I hereby authorize all physicians, therapists, nurses, teachers, Regional Center caseworkers and other professional individuals and/or agencies or organizations to provide all information, reports and findings concerning me, to The United Cerebral Palsy Association, and I hereby authorize the Association to provide information to appropriate rehabilitation agencies, schools, institutions or professionals assisting in the care and/or management of my case.

Photographic Release:

We hereby give our consent to The United Cerebral Palsy Association to photograph our camper, and without limitation, to use such pictures and/or stories in connection with any of the work of said Association without consideration of compensation of any kind, and we do hereby release said Association from any claims whatsoever which may arise in said report.

Personal Property:

We recognize that The United Cerebral Palsy cannot accept responsibility for camper’s clothing and other personal property. For the best possible assurance against loss of misplaced items, label all clothing (preferably old), present complete list of clothing to counselor on opening day and check list when departing camp. It is also a good idea not to send items of great value.

Agreement:

I (we) understand that the above information included on this application has been filled in and is as complete as it can be made and that the information is true to the best of my knowledge and belief.

*Application must be signed for applicant to be considered*

Camper’s Signature: ___________________________ Parent/ Guardian Signature: ___________________________

Date: ____________
Camper Registration

Name: ____________________________

Parent/Guardian Name for Minors: ____________________________

Email: ____________________________

Age: ____________________________ Sex: M/F

Address: ________________________________________________

_______________________________________________________

City: ______________________________

State: ____________________________ Zip: ________________

Phone: (_____) _______ - ________________

Church or Group you are coming to camp with:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

If you have and dietary restrictions or allergies list them here:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

All minor campers are required to leave with the same group they came with. Parents, if you need to arrange alternative transportation, please contact our office at (805) 238-3582
Medical & Liability Release

Name: ________________________________
Date of Birth: ___________________________
Date of Camp: ___________________________
Parent/Guardian Name for Minors: ___________________________
Email: ________________________________ Sex: M/F
Age: ___________________________ Phone: ___________________________
Address:_________________________________________________________________
_________________________________________________________________________
City: _____________________________________________________________________
State: ________________ Zip: ________________
MINORS MUST LEAVE WITH THE SAME PERSON THEY ARRIVED WITH, OR ANY PERSON
LISTED ON THE BACK OF THIS PAGE. IF THERE ARE ANY CUSTODY ARRANGEMENTS
PROHIBITING A MINOR'S PARENT FROM CONTACT WITH THAT MINOR, A COPY OF THE
LEGAL ORDER MUST BE INCLUDED IN THIS RELEASE.
PLEASE REVIEW YOUR GROUP'S INSURANCE POLICY TO VERIFY YOUR COVERAGE. YOUR
INSURANCE CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN CASE OF ILLNESS OR
INJURY WHILE YOU OR YOUR CHILD IS IN CAMP.

DO YOU HAVE HEALTH INSURANCE? YES_____NO____

NAME OF INSURANCE COMPANY: ___________________________
INSURANCE COMPANY ADDRESS: ___________________________
POLICY NUMBER: ___________________________

MEDICAL RELEASE
In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give
my permission to the physician or dentist selected by Granite Ridge to hospitalize, to secure proper treatment
and/or injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the Health
Supervisor on duty at Granite Ridge to administer medical aid as required for illness or injury under a
physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.
This form and the Health History Form may be copied and given to the counselor if there is pertinent
information to the care of your child. If there is a reason that you wish this information to stay confidential,
please contact our Granite Ridge office.

SIGNATURE: ___________________________

PRINT NAME: ___________________________

CAMPER'S NAME: ___________________________

SPOUSES NAME: ___________________________

DATE: ___________________________

www.graniteridgecamp.com
Participation, Release, Waiver & Indemnity Agreement

While Granite Ridge makes every effort to provide a safe and pleasant environment for you and/or your child, we do require that this participation agreement be read, filled out, signed, and dated by each camper (or their parent/guardian if under 18 years of age) who wishes to participate in the activities which occur at Granite Ridge.

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Granite Ridge. These activities include, but are not limited to, swimming in the pool, ponds, or lakes, boating, biking, hiking, and strenuous competition games and sports. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Granite Ridge has taken reasonable steps to provide equipment and skilled employees so you and/or your child can participate in activities for which you/he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the Camp’s rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Granite Ridge reserves the right to use any audio, video, and or photography of guests or campers participating in Granite Ridge facilitated events.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Granite Ridge, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my or my child’s participation on any activity occurring at Granite Ridge. This release does not apply to intentional and/or willful acts of misconduct by Granite Ridge or any of its officers, Board, agents, or employees.

Should Granite Ridge, or anyone acting on their behalf, be required to incur attorneys’ fees and costs to enforce this agreement, I agree to indemnify and hold Granite Ridge harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child’s participation in these activities, I and/or my child may be found in a court of law to have waived any right to maintain a lawsuit against Granite Ridge on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

PRINT NAME: ________________________________________________

SIGNATURE: ___________________________ DATE: ______________________
Camper Checklist

Just a quick note to tell you that the staff at Granite Ridge cannot wait to see you at camp! Over all the years we have been doing this whole camp thing, we have put together a list of essentials that we would want if we were campers at Granite Ridge. We think you will find these following items very valuable to have while at camp. This list is not an exclusive list by any means! Please check with your group leader for additional needs. Forms you MUST have sent in by registration:

- Health History
- Medical and Liability Release
- Medication Administration Record

If you are a counselor, you must also provide the following forms before registration:

- Counselor Information Sheet
- Voluntary Disclosure

Please bring the following (in addition to items suggested by your group leader):

- Clothing appropriate for the time of year and number of days you are staying
- A jacket/sweatshirt – even in the summer, it will get cold at night!
- Closed toe shoes – a must if you want to go for a bike ride or a hike!
- A bathing suit – girls must wear a one piece bathing suit or a dark shirt over a two piece. Modest Tankinis are ok. Guys must wear swimming trunks – no speedo’s
- A towel
- Sleeping bag
- Pillow
- Shampoo and soap – we don’t mind dirty campers, but your roommates might!
- Sunscreen!!!
- A flashlight, cause it gets really dark when the sun goes down.
- Bible
- A notepad or journal and a pen
- Money for the Camp Store
- Your camera – if allowed by your group leader
- Any medication you need (all medication – even over the counter stuff must be turned in at registration)

And absolutely most important...

an open heart and good attitude!

What not to Bring:

- Weapons of any kind
- Electronics
- Profanity and Disrespectful speech