

CAMP ECHOING HILLS

OFFICE USE ONLY

_____ Dep. Amt. Rcvd.
_____ Conf. Date

36272 CR 79
Warsaw, Ohio 43844
740-327-2311

OFFICE USE ONLY

_____ Trip
_____ Dates
_____ WC _____ A

TRAVEL APPLICATION

APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND MAILED WITH DEPOSIT IN ORDER TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED. PLEASE INCLUDE A PICTURE FOR IDENTIFICATION.

I. IDENTIFYING INFORMATION

Date of Application _____

Applicant's Full Name _____ Phone (____) _____
First Mid. Initial Last

Street Address _____ County _____

City _____ State _____ Zip _____

Sex _____ Height _____ Weight _____ Date of Birth _____ Age _____

Is applicant their own guardian? Yes _____ No _____

Parent/Guardian Name _____ Phone (____) _____

Parent/Guardian Address _____ County _____

City _____ State _____ Zip _____

Parent/Guardian Place of Employment _____ Phone (____) _____

Additional Emergency Contacts:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Agency/Facility Serving Applicant _____ Phone (____) _____

Address _____ City _____ County _____ State _____ Zip _____

HAS APPLICANT ATTENDED CAMP ECHOING HILLS BEFORE? Yes _____ No _____ When? _____

Applicant's SS# _____ Medicaid # _____ Medicare # _____

Applicant's Insurance Company _____ Policy # _____

II. ACTIVITY BEING APPLIED FOR

***Summer Camping Program** (Please see camp schedule and program descriptions. Camp Echoing Hills will place applicants in a week appropriate to the applicant's needs. Contact us for more information.)

Trip Destination: _____ Dates: _____ to _____

III. FINANCIAL ARRANGEMENTS

Who will be responsible for the fee? Name _____ Phone (____) _____

Address _____ City _____ County _____ State _____ Zip _____

CAMP ECHOING HILLS is a ministry of Echoing Hills Village, Inc. 36272 CR 79, Warsaw, Ohio 43844

APPLICATION FOR CAMP SPONSORED ACTIVITIES, page 2. Please complete in full.

IV. APPLICANT'S DISABILITY AND PRESENT CONDITION

Cause and onset of disability: At birth _____ Illness _____(year _____) Accident _____(year _____)

Please give diagnosis and fully describe the extent and degree of disability: _____

V. MOBILITY (please check all that apply)

- | | | | | | |
|------------------|-----|------------------------------|-----|------------------|-----|
| Normal Walking | () | Cane(s) | () | Walker | () |
| Slow Walking | () | Crutches | () | *Hoyer Lift | () |
| Unsteady Walking | () | Wheelchair - Manual | () | Legs Bear Weight | () |
| No Walking | () | - Electric | () | | |
| Braces | () | -- When are they worn? _____ | | | |

Describe best way to transfer applicant from wheelchair: _____

Please note: Camp Echoing Hills can not provide wheelchairs or hoyer lifts. All wheelchairs must have a safety belt to protect the applicant. Always check wheelchairs before an event to assure safe working order.

***Hoyer lifts cannot always be used with hotel beds. Please call the camp office for more information**

VI. COMMUNICATION (please check all that apply)

- | | | | | | |
|-----------------|-----|---------------------|-----|---------------|-----|
| Normal Speech | () | No Speech | () | Sign Language | () |
| Impaired Speech | () | Communication Board | () | Hearing Aids | () |

Please identify any word substitutes or special sounds used by applicant: _____

VII. EATING (please check all that apply)

- | | | | | | | | |
|------------------------|-----|--|-----|---------------|-----|----------|-----|
| Eats independently | () | Has trouble swallowing: Solid foods | () | Liquids | () | | |
| Needs help eating | () | Needs to be fed: Some foods | () | All food | () | | |
| Needs food cut up | () | Needs to eat: *Mechanical Soft foods | () | *Pureed foods | () | | |
| Uses straw for liquids | () | Describe appetite: Poor | () | Normal | () | Overeats | () |
| Uses gastronomy tube | () | Please describe any adaptive eating equipment (must bring along!): _____ | | | | | |

Is applicant diabetic? Yes () No () If yes, specify diet restrictions: _____

Please describe any food allergies: _____

Other information regarding applicants eating habits: _____

***Any traveler needing a mechanical soft or pureed diet must bring along a food pureer as most restaurants are not equipped to meet this dietary need.**

Please note: Camp Echoing Hills will modify diets if there is a specific medical need to do so. Every effort is made to monitor amounts served, but we may not be able to adhere to general weight restricting diets.

APPLICATION FOR CAMP SPONSORED ACTIVITIES, page 3. Please complete in full.

VIII. SLEEPING ARRANGEMENTS (please check all that apply)

Sleeps through night () *Sleeps with side rails () Prone to bad dreams ()
Wets bed: Never () Occasionally () Frequently ()

*Please note that side rails are not available with hotel-sized beds. Other precautions are taken, please call the camp office for more information.

Please explain how bedwetting is handled: _____

Other information on sleeping arrangements: _____

IX. APPLICANT PERSONAL CARE AND HYGIENE (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	()	()	()	_____
Showering	()	()	()	_____
Washing Hands & Face	()	()	()	_____
Brushing Teeth	()	()	()	_____
Shaving	()	()	()	_____
Washing Hair	()	()	()	_____
Tying Shoes	()	()	()	_____
Using Toilet	()	()	()	_____
Menstruation (women only)	()	()	()	_____

Other information regarding personal care: _____

X. TOILETING NEEDS (please check all that apply)

Uses: Portable urinal () Bed pan () Catheter () Type _____
Uses: Briefs () Plastic pants () Liners () When: Night only () Occasionally () Always ()

If applicant has occasional constipation, how is it managed? _____

Other information regarding toileting needs: _____

XI. PERSONALITY AND BEHAVIOR INFORMATION (please check all that apply and explain)

Sociable ()	Friendly ()	Cooperative ()	Helpful ()
Complains ()	Sensitive ()	Aggressive ()	Withdrawn ()
Self-abusive ()	Suicidal tend. ()	Temper outbursts ()	Depressed ()
PICA ()	Plays with fire ()	Homesickness ()	Wanderer ()

Please explain any of the above. Describe other unusual behaviors our staff should watch for, and detail any behavior modification techniques you recommend for specific behaviors: _____

*If applicant has a behavior support plan, a copy MUST accompany this application with an updated copy brought to registration.

*If the applicant tends to wander, please describe the behavior and detail any recommended techniques for controlling their wandering: _____

APPLICATION FOR CAMP SPONSORED ACTIVITIES, page 4. Please complete in full.

XII. PROGRAM INFORMATION

Is the applicant attending school? Yes () Grade level _____ No ()

Is the applicant employed? Yes () Type of employment _____ No ()

What activities does the applicant enjoy? _____

What activities does the applicant not enjoy? _____

Please list precautions to be taken during activities on trip: _____

Does the applicant sunburn easily? Yes () No () If yes, list restrictions that apply: _____

Is applicant allergic to bee stings or other insect bites? Yes () No () If yes, please describe the reaction and how it should be treated: _____

Should applicant avoid exertion due to heart or other health concerns? _____

Please describe other allergies, health concerns or sensitivities that may hinder applicant's participation: _____

***SWIMMING** (please check all that apply)

Swims independently () Enjoys water, cannot swim () Wears life jacket ()

Wears ear plugs () Fears water () Seizure prone in water ()

Needs one-on-one attention in pool () Not allowed in pool at all ()

Please note: If applicant has toileting accidents or uses briefs, please send swim briefs or 4-6 cloth briefs with elastic pants for use in pool. Disposable products may not be used in the pool.

***SPIRITUAL PROGRAMMING** (Camp Echoing Hills is a non-denominational Christian ministry.)

Applicant's religious preference _____

XIII. MEDICAL INFORMATION (please fill in all applicable information)

Applicant's Physician's Name _____ Phone (_____)_____

Most recent physical exam, date and findings: _____

***Illnesses applicant has had:** (please check all that apply)

Measles () Chicken Pox () Mumps ()

Scarlet Fever () Frequent Colds () Frequent Sore Throat ()

Ear Infections () Fainting Spells () Skin Rashes ()

Heart Disease () High/Low Blood Pres. () Breathing Problems ()

Please explain any chronic or recurring illnesses, rashes or infections: _____

- In the event of rising costs on a trip, Camp Echoing Hills reserves the right to pass the increase on to its travelers.
- CEH reserves the right to cancel a trip due to insufficient registration. In the event that CEH cancels a trip, all money will be refunded.
- Any traveler going on a trip including air transportation **MUST** have a Photo ID. Any traveler without a Photo ID will be denied boarding. Photo ID's can be obtained from your Motor Vehicle Division. For any trip going out of the United States, a passport is required. You must apply for this at least six months in advance to guarantee getting it in time for your travels.
- CEH reserves the right to turn away potential travelers if they do not fit the traveler criteria:
 - 18 years or older
 - Diagnosed with a mental and/or physical disability
 - Does not require constant overnight monitoring
 - Able to be up in chair or on feet for up to 15 hrs./day
 - Has not had a med change within the 3 weeks leading up to the trip.
 - Does not have behaviors that could put self or others in danger
 - **Can be transferred without a mechanical lift**
- Refund Policy:
 - I. Any traveler that cancels after the registration deadline but more than 45 days in advance of the trip will be assessed a \$50 administrative fee plus any monies not refundable from vendors.
 - a. Vacations requiring increasingly pre-paid purchases such as airline tickets and cruises have more narrow requirements and stronger penalties set by the airline or cruise companies.
 - II. Any traveler that cancels less than 45 days but more than 2 weeks in advance of the trip, will be assessed 50% of the total trip cost plus any monies not refundable from vendors.
 - III. No refund will be given for travelers who are late on day of departure, do not show up, refuse to board a flight or cancel a vacation within 2 weeks of the departure date .Or does not have current identification or a valid passport.

“I have read and understand the above items. Applicant has my permission to attend and participate in the above named Camp activity. Camp Echoing Hills has my authorization to use the designated Camp physician for emergency treatment for the applicant. Medical information may be released by the attending physician as given on this application.”

Signature of Parent/Guardian _____ Date _____