CITY OF TEMPE ARIZONA

camp challenge

CITY OF TEMPE CAMP CHALLENGE 2013

Camp Challenge is a summer day camp for youth and young adults ages 5-22 with developmental disabilities. Campers get to enjoy arts & crafts, games, swimming, music, field trips, and bowling, as well as many other activities! Camp participants must be able to participate successfully in a 1:4 staff-to-participant environment.

WHEN:

Camp is held Monday through Thursday, 8am - 2pm. Camp participants can be registered into one or both sessions:

- Session One: June 3 - June 27, 2013
- Session Two: July 1 - July 18, 2013 *(*no camp on Thursday, July 4)*

LOCATION:

Camp is held at Arredondo Elementary School, 1330 E. Carson Drive, Tempe, AZ 85282. Closest major intersection is McClintock Dr. and Baseline Rd.

COST:

- Out of pocket: Session One $140, Session Two $110, **- OR -**
- DDD/DES referral from Division of Developmental Disabilities is accepted.

HOW TO REGISTER:

Complete the registration packet and attend Registration Night (Wednesday, April 3 or Tuesday, April 9). Approval process will take approximately 5 business days from receipt of completed registration paperwork and meeting. Registration may be submitted in advance, but a meeting at Registration Night or by appointment is still required. Registration space is limited. Once camp is full, additional registrants will be waitlisted. Please refer to the “Registration Process” page for more information on what is required to complete the registration process.

For more information please contact Josh Bell at 480.858.2469 or josh_bell@tempe.gov.

Tempe

City of Tempe Adapted Recreation ● Edna Vihel Center, 3340 S. Rural Rd., Tempe, AZ 85282
Josh Bell, Recreation Coordinator ● 480.858.2469 (phone) ● josh_bell@tempe.gov
Visit www.tempe.gov/adaptedrecreation for more information on Adapted Recreation programs

Camp Challenge Registration Process

The following are required in order to complete registration for Camp Challenge:

- Filled out Camp Challenge registration packet (in its entirety).
- Waiver forms signed.
- Copy of the registrant's Individual Education Plan (IEP) or Individual Service Plan (ISP). A copy can be made on site at registration night, if needed (they can be long!).
- If using DDD (Division of Developmental Disabilities) services, a copy of the referral from your DDD Coordinator is required. This is to be signed and approved by the Camp Challenge Recreation Coordinator and then submitted back to the DDD Coordinator. Please let us know if you are awaiting a copy of the referral from your DDD Coordinator.
- Form of payment:
    - If paying out of pocket, paying by check, credit card or cash is accepted.
    - If using DDD, a DTS (Day Treatment Services) summer camp referral is required.

Submission of registration does not guarantee registration into camp. Approval for camp will take approximately 5 business days.

Registration Night

Registration Night is an opportunity for campers and family to meet with the Camp Coordinator and Supervisors to discuss camp and determine if our program is appropriate for the wants and needs of the registrant. Therefore, it is necessary that the potential camp registrant be in attendance. Camp registration night will take place at the Pyle Adult Recreation Center, located at 655 E. Southern Ave. in Tempe.

Camp registration night is scheduled for the following dates and times:

- Wednesday, April 3, 6:00-7:30pm
- Tuesday, April 9, 6:00-7:30pm

Registration may be submitted in advance of Registration Night, but you will still be required to meet with Camp Challenge staff at registration night or by appointment. Not able to attend any of the registration nights? Contact Josh Bell at 480.858.2469 or josh_bell@tempe.gov to schedule an appointment. Please keep in mind that our camp has a maximum number of spots. Once we hit our maximum, additional registrants will be waitlisted. It is recommended that you call or e-mail to check on availability.

If any of the above items are missing, the individual will not be registered for camp. Slots will not be reserved for those with partial paperwork.

To submit registration in advance:

Mail to:

Josh Bell
Adapted Recreation
Edna Vihel Center
3340 S. Rural Rd.
Tempe, AZ 85282

Drop off in person (Attention: Josh Bell):

Edna Vihel Center
3340 S. Rural Rd., Tempe

- Monday – Friday, 8am-9pm (closes at 5pm depending on program schedule)

Pyle Adult Recreation Center
655 E. Southern Ave., Tempe

- Monday – Thursday, 8am-9pm
  Friday, 8am – 5pm, Saturday 9am – 4pm

Feel free to contact me with any questions.

Josh Bell
Recreation Coordinator
City of Tempe Adapted Recreation
480.858.2469 (phone)
480.350.5161 (fax)
josh_bell@tempe.gov

Camp Challenge Registration information:

Camper Last Name	Camper First Name	M.I.	Date of Birth	Sex

Street Address	Apt./Unit No.	City/State/Zip

Mother/Guardian's Name		
day phone	**evening phone**	**cell phone**

Father/Guardian's Name		
day phone	**evening phone**	**cell phone**

E-mail address (e-mail address will be used for Camp updates & Adapted Recreation program updates only)	
Emergency Contact Name	**Relationship**

day phone	evening phone	cell phone

Please mark the session(s) registrant is being registered for:

Ages 5-7 years (Please √ sessions to register for)	Ages 8-22 years (Please √ sessions to register for)
___ Session 1: June 3 – June 27 ($140, code: 35518)	___ Session 1: June 3 – June 27 ($140, code: 35516)
___ Session 2: July 1 – July 18 ($110, code: 35519) **no camp on Thursday, July 4*	___ Session 2: July 1 – July 18 ($110, code: 35517) **no camp on Thursday, July 4*

Payment Option:

___ I will be paying out of pocket (cash, credit card, check). Payment not required until registration is confirmed.

___ I will be using DDD (Division of Developmental Disabilities) services.

- Using DDD services requires you to have approval from DDD and a referral to submit to City of Tempe in order to complete enrollment. Please contact your Coordinator for approval of DTS (summer) hours. If in the process of approval please contact City of Tempe Coordinator to proceed with Camp registration.
- DDD Coordinator Name & Phone: _____

Approved pick-up list:

The following people are approved to pick up the camp participant from camp (please initial next to the name of each individual) and will be required to provide a form of identification to Camp Program Coordinator.

Name	Relationship to camp participant

Camp Participant Information:

Please fill out the following information regarding the camp registrant to the best of your ability in order to help Camp Challenge staff better understand the wants and needs of the camp registrant. Please attach additional sheets of information if more space is needed. Thank you.

What goals would you like to see the individual work towards this summer during camp?

What is the nature of the individual's disability?

What assistance does the individual currently receive at school?

☐ Inclusion class ☐ Special Ed class 1:4 ratio ☐ Special Ed class 1:2 ratio ☐ Special Ed class 1:1 ratio

☐ Other:

Is the individual known to…

Interact well with others?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly
Be cooperative with peers and adults?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly
Express his/her needs?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly
Exhibit age-appropriate behavior?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly
Hit or strike others?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly
Use foul language?	☐ Never	☐ Rarely	☐ Occasionally	☐ Often	☐ Regularly

Other details/information:

Please take some time to describe the individual's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive Response To:

Negative Response To:

☐ NO ☐ YES Does the individual walk independently?

If no, does he/she use… ☐ Manual/electric wheelchair ☐ Other: _____

☐ NO ☐ YES Does the individual have any known allergies? If yes, please describe in detail.

_____

_____

_____

☐ NO ☐ YES Does the individual have specific feeding or dietary needs? If yes, please describe in detail.

_____

_____

_____

☐ NO ☐ YES Will the individual be using any adaptive equipment (e.g. communication device, …). If yes, please describe in detail.

_____

_____

_____

☐ NO ☐ YES Does the individual experience seizures? If yes, please describe in detail.

_____

_____

_____

☐ NO ☐ YES Has the individual ever had a personal classroom aide? If yes, please explain the reason for the aide.

_____

_____

_____

☐ NO ☐ YES Has the individual ever been removed from any type of program for behavioral reasons? If yes, please describe in detail.

_____

_____

_____

☐ NO ☐ YES Does the individual have any other specific needs? If yes, please describe in detail.

_____

_____

_____

_____

Medication Administration

☐ Camp participant will need medication administered at camp

☐ Camp participant **WILL NOT** need medication administered at camp

Camp Registrant's Name: _____

If necessary, medication can be dispensed by the Camp Challenge Program Coordinator or another responsibly designated Camp Challenge staff person with the permission of the camp participant's parent/guardian. Please ensure that the medication provided to Camp Challenge is in the appropriate container and in the correctly designated quantity.

Name of medication	
Time to administer:	
Dosage:	
Instructions:	
Other information:	

Name of medication	
Time to administer:	
Dosage:	
Instructions:	
Other information:	

As parent/guardian, I give permission to the Recreation Coordinator, Program Coordinator, or other designated Camp staff person to administer the above medication as described during camp hours.

_____

Parent/Guardian Name Signature Date

Permissions and Waivers

Camp Participant Name: _____

Meal Program

Tempe Elementary School District offers an on-site meal program at no cost for the camp participants in our program. We need to determine in advance the number of camp participants that will be using the meal program. The meal calendar is determined by the school district; there is no guarantee that the meal being offered would be appropriate to the child's dietary needs. Please designate whether the child will be eating a meal from the meal program, or eating their own provided meal.

BREAKFAST

☐ My child will be eating breakfast provided on-site by the school.

☐ My child WILL NOT be eating breakfast provided on-site by the school; they will either bring their own breakfast or eat prior to attending camp.

LUNCH

☐ My child will be eating lunch provided on-site by the school.

☐ My child WILL NOT be eating lunch provided on-site by the school; they will bring their own lunch to camp.

_____ _____
Parent/guardian signature Date

Swimming Permission

☐ I give my permission for _____ (participant's name) to swim with the other participants at Camp Challenge. Swimming is scheduled to take place at the Kiwanis Recreation Center in an indoor swimming pool. When my child cannot swim, I will pick them up before Camp Challenge leaves Arredondo Elementary or they will be kept out of the swimming pool in a supervised area. Camp participants are not left at Arredondo Elementary on swim days.

IMPORTANT: Due to public health concerns and safety, I understand that if my child normally wears diapers then my child must come prepared with diapers specifically designed to be worn for swimming otherwise they will not be allowed to swim.

_____ _____
Parent/guardian signature Date

☐ My child will not be swimming on swim days and I, or an adult designated by parent/guardian, will be responsible for picking him/her up before 11:15am on swim days.

_____ _____
Parent/guardian signature Date

Bowling Permission

☐ I give my permission for _____ (participant's name) to bowl on days when Camp Challenge goes to AMF Tempe Village Lanes bowling alley.

☐ My child will not be bowling on bowling days and I, or an adult designated by parent/guardian, will be responsible for picking him/her up before 9am, or will not bring him/her until camp returns to the camp site after 11:15am.

_____ _____
Parent/guardian signature Date

Permissions and Waivers

Camp Participant Name: _____

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

_____ _____

Signature of participant (Parent/Guardian if under 18) Date