

The City of Tempe Adaptive Recreation Presents

Camp Adventure

Fall Break // September 30th—October 11th, 2024

What is Camp Adventure?

Camp Adventure is a break camp for youth and young adults ages 10-22 with intellectual/developmental disabilities. Participants get to enjoy arts & crafts, games, swimming, music, field trips and many other activities! Participants must be able to participate successfully in a 1:4 staff-to-participant environment and must have participated in our LEAP Program or Camp Challenge Camp in the past three years.

When and Where is Camp Adventure?

Camp Adventure is held Monday through Friday // 8:00am - 1:00pm.

Location

Westside Multigenerational Center
715 West 5th Street Tempe, AZ 85281

How do I pay for Camp Adventure?

DDD or private pay // Private Pay \$300.00

What is the Registration process for Camp Adventure

1. Complete registration and email to adaptedrec@tempe.gov with the subject title: CAMP ADVENTURE // Fall Break 2024
2. Turn into the Westside Multigenerational Center // 715 W 5th Street Tempe, AZ 85281
PLEASE NOTE: if your loved one is currently in LEAP or attending Camp Challenge the summer of 2024 you are DONE and need to wait for confirmation from Samantha Mason.

If you attended in 2023 or 2022 please complete the remaining steps:

- A. Attached current photo of your loved one
- B. Attached most current copy of your DDD document: Person Centered Service Plan [PCSP]

Once we have all three items you will need to wait for approval from Samantha Mason, thank you.

City of Tempe Camp Adventure Registration Process Fall Break 2024

Please follow the steps if your loved one has attend LEAP or Camp Challenge in 2024.

1. Turn in completed registration
 - Email to Samantha Mason at adaptedrec@tempe.gov
 - Turn into the front desk at the Westside Multigenerational Center
2. You get receive an email that states your registration has been received.
3. Within 7 business days you will get an email letting you know if your loved one is approved or not.

Please follow the steps if your loved one has attended in 2024 or prior years

1. Complete registration with no missing information
 2. Attain copy of your DDD PCSP document [formally known as ISP]
 3. Attain the most current photo for your loved one
- Once you have all this information [and you need to have it all] you can email or turn in to us.

Email: adaptedrec@tempe.gov // Subject Line: Camp Adventure, Fall Break 2024—
New Camper

Drop Off: Westside Multigenerational Center // 715 W 5th Street Tempe, AZ 85281

Once all information is attained you will get an email letting you know if your loved one is approved or not.

Please note all due dates below

Returning Campers [attended our programs in 2024, 2023]

Registration opens: Friday August 30th, 2024

New Campers [hasn't attended our programs since 2022 and before]

Registration opens: Friday September 13th, 2024

Registration closes for ALL

Friday September 20th, 2024

Camp Adventure Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk] | 480.694.1434 [cell]

Camp Adventure Registration Submittal Email: adaptedrec@tempe.gov



City of Tempe Adaptive Recreation

Camp Adventure Registration

FALL BREAK 2024

Hello my name is...

Participant Information:

Participants First and Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

School Attending: _____

Contact and Parent/Guardian Information

Street Address: _____

Apt/Unit Number: _____

City, State and Zip Code: _____

Parent/Guardian First and Last Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Emergency Contact Information

This person would be contacted in the situation the parents/guardians listed above cannot be reached.

Emergency Contact First and Last Name: _____

Cell Phone: _____ Work Number: _____

Approved Pick Up List

Aside from the listed parent/guardian please identify people who are approved to pick up the participant from camp. Please note that identification will be requested at the time of pick up. If any names need to be removed/added please let Samantha Mason or Joe Steele know ASAP.

Pick up #1 Name: _____

Cell/Primary Contact: _____

Relationship: _____

Pick Up #2 Name: _____

Cell/Primary Contact: _____

Staff Use Only

Date Received: _____

Time Received: _____

Staff Initials: _____

Returning or New

Staff Notes:

Camp Adventure Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk] | 480.694.1434 [cell]

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Program Attendance

Please mark the session/s your participant needs to be registered for and the expected daily attendance. Please note that participants are registered based on expectant attendance. Days they are not schedule may be filled by another participant.

Camp Adventure: Monday September 30th— Friday October 4th, 2024 // Westside

___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Friday

Camp Adventure: Monday October 7th—Friday October 11th, 2024 // Westside

___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays

Are there any planned days you know your participant will not be attendance? Planned trips, attending a camp, therapy etc?

Payment Information

Out of Pocket (cash, credit card or check) Payment is not due when submitting registration but is due 2 weeks before the start of each session. OOP: \$300.00

DDD DTS Hours

Camp Adventure is contracted with the State of Arizona Division of Developmental Disabilities to use DTS [Day Treatment and Training Summer] hours. Please contact your support Coordinator to confirm approval of hours. **SUPPORT COORDINATOR INFO IS MANDATORY**

DDD Support Coordinator Name: _____

DDD Support Coordinator Phone: _____

DDD Support Coordinator Email: _____

Participant Information

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

What is the participants IDD Diagnosis?

If the participant is returning from other programs, have there been any important changed that have taken place that the staff should be aware of?

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Participant Information [continued]

What kind of classroom environment and support does the participant currently have a school?

___Inclusion Class ___Special Ed 1:4 Class ___Special Ed 1:3 Class ___Special Ed 1:2 Class

Other [please explain]: _____

Participant Reactions

Please fill this out to the best of your knowledge so we can create the best environment for your participant. Please use this space to describe any strategies, methods of communication, environmental stimulation and other situations that the participant will respond positively or negatively to in order to best help our staff communication and serve our participants.

Positively responds to:

Negatively responds to:

Suggestions and Ideas

If your participant has some ideas they would like to share about other activities they enjoy please fill out the space below. New ideas are always welcomed and we love introducing things our participants want to engage in!

Thank you!

Staff Notes [for staff use only] :

Camp Adventure Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk] | 480.694.1434 [cell]

Camp Adventure Registration Submittal Email: adaptedrec@tempe.gov

Medical Administration

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

Participants First and Last Name

Participant **WILL** need medication administered at Camp Adventure

Participant will **NOT** need medication administered at Camp Adventure

Medication #1

Time of day administered

Dosage

Instructions

Other Information

Medication #2

Time of day administered

Dosage

Instructions

Other Information

Medication #3

Time of day administered

Dosage

Instructions

Other Information

Medication #4

Time of day administered

Dosage

Instructions

Other Information

As a parent/guardian, I give permission to the Recreation Coordinator and/or Program Coordinator to administer the above medication[s] as described during Camp Adventure program hours. I fully understand that neither one of these individuals are medical professionals.

Parent/Guardian Name

Signature

Date

Camp Adventure Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk] | 480.694.1434 [cell]

Camp Adventure Registration Submittal Email: adaptedrec@tempe.gov

Permissions and Waivers

Participants First and Last 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

- The participant WILL be eating breakfast on site provided by
- The participant WILL NOT be eating breakfast on site provided by the school. They will bring their own breakfast or eat prior to camp.

LUNCH

- The participant WILL be eating lunch on site provided by the
- The participant WILL NOT be eating lunch on site provided by the school. They will bring their own lunch to camp.

Dietary Restrictions or Allergies

Please list any dietary restrictions, allergies or things we need to be aware of when it comes to your participant and food.

Changing Needs

Please let us know the needs of your loved one regarding their changing plans.

- My loved one needs full support
In a pull up and needs to be on a changing table
- My loved one needs partial support
In a pull up but just needs help in the restroom.
- My loved one only needs verbal reminders in the restroom
- My loved one is fully independent in the restroom

Please share any other information to best support your loved one: _____

Permissions and Waivers [continued]

City of Tempe 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 statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it on my own free will.

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date

In Case of Emergency

In the case of an emergency, I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for the health and safety of the identified participant:

YES NO

Name of Preferred hospital, if known

Name of Preferred doctor, if known

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date

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Permissions and Waivers [continued]

Transportation Waiver

I give permission for the above named participant to be transported in a vehicle by The City of Tempe during Camp Challenge.

By signing this document, I acknowledge that I understand the Release of Liability and agree to hold harmless and indemnify The City of Tempe Adapted Recreation, it's directors, officers, employees, agent and volunteers from and against any and all claims of whatsoever kind or nature, which I , my family member or any other person may have for any losses, damages or injuries arising out of or in connection with my program participant riding in a vehicle provided by The City of Tempe Adapted Recreation.

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date

FINAL CHECKLIST

Thank you so much for taking the time to properly fill out everything on this registration. Please remember you need to submit everything in one document. Use the checklist below to have one final look at all you are submitting.

DDD Paying for Camp Adventure Checklist

- Competed Registration
- Most Current PCSP
- Current Photo

Private Pay for Camp Adventure Checklist

- Completed Registration
- Most Current IEP
- Current Photo

Please email all document to adaptedred@tempe.gov or drop off to the Westside Multigenerational Center at 715 West 5th Street Tempe, AZ 85281

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