



• National Ability Center •
PO Box 682799, Park City, Utah 84068-2779
(435)-649-3991
www.DiscoverNAC.org

The National Ability Center is committed to providing quality camps for people of all abilities and reserves the right to screen all applicants. To ensure the best experience for your camper the following guidelines are presented as an aid in determining the appropriateness of a prospective camp and camper.

Objectives: Our camp objectives are to provide safe, fun, and challenging activities that promote the development of healthful recreation with peers in a social setting, while increasing self-confidence, and independence. Safety is emphasized in every aspect of the program. Some of the activities that may be included during your camper's day camp are; indoor rock climbing, high and/or low challenge course activities, adventure learning initiatives (trust building, problem solving activities), horseback riding, water skiing, tubing, boat rides, community garden workshops, daily living skills practice, cycling, and arts and crafts. We provide a great deal of personal and group support, encouragement and challenge in a carefully facilitated, positive adventure experience.

Behavior: The National Ability Center requires that all campers practice respect and care with other campers, staff and NAC facilities. All campers must be willing and able to follow directions. **Campers who exhibit self-destructive or abusive behaviors should carefully consider the appropriateness of a NAC camp.** Campers requiring constant supervision must provide and be accompanied by a personal care provider, at their cost. **The National Ability Center reserves the right to screen all applicants for the appropriateness of our camps to prospective campers.**

Personal care: Potential campers must be able to perform the following tasks or be accompanied by a "personal care provider": **Dress and eat without assistance, perform all aspects of personal hygiene.** (A "personal care provider" is defined as a person who accompanies a camper on the program and assists the camper with all necessary daily living skills. The camper will supply the "personal care provider".) The "personal care provider" will not participate in programs.

As all campers vary quite a bit from one another, we would appreciate if you would take the time to tell us about your camper's unique needs, abilities, and concerns. By filling out these few pages we will be better prepared to guide your camper through a successful camp experience. Please be thorough and don't leave anything out. We look forward to serving you. **See you at camp!**

Tracy K. Riddleberger Meier, TRS, CTRS
tracym@discovernac.org
435-649-3991 x. 605

To register please call Jen Carpenter at 435-649-3991 x. 609

Registration Information

Please complete the participant information form and mail it back to the National Ability Center. Better yet, come by and see us in person. A \$50 deposit (per camper) is required to hold a space.

No placement can be held or guaranteed without completing the proper registration packet.

Mail to:

NAC Discovery Camps

P.O. Box 682799

Park City, UT 84068

435-649-3991

Payment

All fees must be paid in full or a payment plan in place 3 weeks prior to your camp. We accept MasterCard, Visa, American Express, Discover, check or cash.

Payment and Refund Policy

A \$50.00 non-refundable deposit is required to register with completed registration packet.

Payment is due in full 3 weeks prior to the start date of your camp.

Full refunds will be given before 3 weeks of your camp start date less \$50 non-refundable deposit.

Refunds are not given for vacation or individual days missed.

Early Drop off and Late Pick Up

For those parents who are working and need to bring their camper to camp early or pick them up late, we offer activities supervised by our staff. Campers may be dropped off as early as 8:00am and may be picked up as late as 5:00pm Monday-Thursday and 4:00pm on Friday. **Payment is required prior to the day the camper will be arriving early or staying late. Please register in advance so that we can have staff available.**

Carpooling/Bus Service

We will be offering transportation for campers from Salt Lake City. For more information please contact the program administrator at 435-649-3991 x609. Space is limited.

Scholarships

Camp scholarships are available. For more information, please call the program administrator at 435-649-3991 x. 609

Attach a Picture of Camper

Participant
Information

The thorough and accurate completion of this form is mandatory for your child to participate in our programs. Our focus is to provide a safe and fun environment for all programs, and the facts you disclose will be confidential. This information will better prepare our staff to serve you, and respond professionally in the unlikely event of an emergency or illness.

Camp Name: Adventurers Crusaders Pathfinders Camp Xtreme
Dates: 1st Choice _____ 2nd Choice _____

Name: _____

Birth Date: _____ Ht. ____ Wt. ____ Sex: M F

Address: _____

City/State: _____ Zip: _____

Parent e-mail address: _____

Parent/Guardian/Contact (if under18): _____

Phone: Home: _____ Work / Cell: _____

Emergency Contact: _____ Phone: _____

Camper's Disability:

Please provide the following information about your camper's physical health
**Activities may be strenuous, either physically and/or mentally, please make
information as detailed as possible.**

Is your camper currently under any medical treatment for a disease or condition? Yes ___ No ___

If YES Please explain:

Is your camper currently taking any medication? Yes ___ No ___

If yes, please give the name, dosage, frequency and side effects?

Does your camper have any allergies, including foods, animals, medications, bites or stings?

Yes ___ No ___

If yes please list

How would you describe his/her lifestyle? (Sedentary, routine exercise, athlete, etc.):

What activities does this include?

What two things would you like your camper to accomplish by participating with us?

1. _____

2. _____

Does your camper have any physical limitations? Yes ___ No ___ If yes circle all that apply:

Balance Muscle tone Neck Spine Arms Hands Hips Knees
Ankles/Feet

Detailed explanation:

Does your camper require a mobility assistance device? Yes ___ No ___

If yes circle all that apply:

Wheelchair Walker Crutches Braces Cane Prosthesis Other

Detailed explanation:

Does your camper have any sensory limitations? Yes ___ No ___

If yes circle all that apply:

Sight Hearing Speech Touch Hyper-sensation Hypo-sensation Other

Detailed explanation:

Does your camper have any cognitive limitations? Yes ___ No ___

If yes circle all that apply:

DD Dyslexia Fear Literacy Processing delay Aphasia ADHD/ADD Other

Detailed explanation:

Please tell us about your camper's behavior in general. What can we expect to see during the course of a day? Any particular time of day or transition that is more difficult than others? How can we help during these times?

Tell us about your camper's IEP and or behavior plan if would like us to work with any of the plan during camp.

DIETARY QUESTIONS

1. Does your camper have any food allergies?
2. Does your camper have any dietary restrictions, such as a gluten casein free (GCF) or vegetarian diet?

CAMP Specific Questions

Please circle all that apply:

1. Speech: Typical Mildly Affected Moderately Affected
Severely Affected Nonverbal Other: _____

2. Communication: Typical ASL Communication Board
Other: _____

3. Transfers: No assist Partial assist/standby Total assist

4. Toileting: Independent Partial assist Total assist
Bladder Control: Normal Occasional Incontinent
Bowel Control: Normal Occasional Incontinent

5. Dressing: Independent Partial assist Total assist

6. Eating: Independent Partial assist Total assist

7. Has your camper ever ridden a horse before? ___ Yes ___ No

8. Are they allergic to horses, hay or dust?

9. Can he/she support their body weight independently? ___ Yes ___ No

10. How long can your camper support themselves? _____

11. How is his/her balance? _____

12. Does he/she get fatigued easily? _____

13. Can you camper swim independently? ___ Yes ___ No

14. Does your camper have any unusual reactions to water? ___ Yes ___ No
If yes, please explain

15. Can they turn themselves from a face down to a face up position in the water?
___ Yes ___ No

16. Has he/she been waterskiing before? ___ Yes ___ No
If yes, what type of equipment did they use?

17. Can he/she grip and hold a handle? ___ Yes ___ No

18. Will you camper be bringing a care provider? ___ Yes ___ No

19. Does your camper have seizures? ___ Yes ___ No

20. Does your camper have any behavior issues? ___ Yes ___ No
Violence ___ Yes ___ No
If yes, please explain in detail.

How would you like us to handle any behavior issues?

I understand that the information I have provided on this form is required in order to be a participant in this program. I acknowledge that this information is current, complete and accurate and there is nothing I have omitted. I give permission to the NAC staff to call for emergency medical treatment if it becomes necessary.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT ORGUARDIAN _____ DATE _____

NATIONAL ABILITY CENTER/DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM AND MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the NATIONAL ABILITY CENTER'S/DISABLED SPORTS USA'S, related events and activities, I and/ or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/ or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used and if I believe to the best of my ability that anything is unsafe, I and/ or the minor participant will immediately advise the NATIONAL ABILITY CENTER/DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/ or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any of the equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue the NATIONAL ABILITY CENTER/DISABLED SPORTS USA, its affiliated clubs, their represented administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or in part by the negligence of the release or otherwise.

I/ WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participants Name **Signature** **Date**

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of the Releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone **Name & Date**

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to National Ability Center/Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending the National Ability Center/DS/USA event. I further agree that National Ability Center/DS/USA may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature **Date**